

**NEW HAMPSHIRE  
DIVISION FOR CHILDREN, YOUTH,  
AND FAMILIES**



**ANNUAL PROGRESS AND SERVICES  
REPORT**

**JUNE 30, 2002**



**NEW HAMPSHIRE  
DIVISION FOR CHILDREN, YOUTH, AND  
FAMILIES**



**PART I**

**PROMOTING SAFE AND STABLE  
FAMILIES**

## I. INTRODUCTION

Among the most accomplished and fabled tribes of Africa, no tribe was considered to have warriors more fearsome or more intelligent than the mighty Masai. It is perhaps surprising then to learn the traditional greeting that passed between Masai warriors. "Kasserian ingera", one would always say to another. It means, "and how are the children?"

It is still the traditional greeting among the Masai, acknowledging the high value that the Masai always place on their children's well-being. Even warriors with no children of their own would always give the traditional answer. "All the children are well." Meaning, of course, that peace and safety prevail, that the priorities of protecting the young, the powerless, are in place, that Masai society has not forgotten its reason for being, its proper functions and responsibilities. "All the children are well" means that life is good. It means that the daily struggles of existence, even among a poor people, do not preclude proper caring for its young.... *Excerpted from a speech by the Rev. Dr. Patrick T. O'Neill, First Parish Unitarian Universalist Church, Framingham, MA.*

How *are* the children in the State of New Hampshire? In a state with such diverse qualities and resources, how are basic needs of children and families being met? How are we promoting the safety and well being of our children? What changes are improving the chances of a child affected by poverty, trauma, abuse, and neglect in New Hampshire growing up in the most permanent, safe, consistent and nurturing family environment? How are those children who encounter the Juvenile Justice System responded to and served? What are the steps that we take to prepare children who have grown up away from their families for the responsibilities of adulthood?



New Hampshire's public response to the safety, permanence, and well being of children is framed in the Child Protection Act. This law mandates New Hampshire Health & Human Services, Division for Children, Youth and Families (DCYF) to respond to children and families affected by those factors that put our children at risk of harm by abuse and neglect. Using the framework of the Comprehensive Child and Family Services Plan composed and adopted by DCYF in 2000, our agency has continued our implementation of strategies addressing child safety, permanence, and well being, from primary interventions, through the expansion of collaborations that address

essential family support through child protection, child placement, and the achievement of permanent family situations for children affected by abuse and neglect. The report that follows will focus on that Comprehensive Child & Family Services Plan, and DCYF and our partners have addressed those so far.

This report includes information focusing on:

- The Comprehensive Family Support Initiative, providing needed services to families through local community agencies and Family Resource Centers
- The Permanency Plus Demonstration project, which is devoted to time-limited enhanced reunification services for children in temporary foster care
- The Hillsboro NH IV-E Demonstration project, which provides on-site services of substance abuse counselors when families affected by substance abuse are also referred to DCYF
- The Greenbook Domestic Violence Intervention project in Grafton Co., NH, which is implementing a collaborative coordinated response to people affected by domestic violence
- Collaborative initiatives that integrate supportive services by both DCYF and local community Domestic Violence Support Centers
- The progress achieved in child abuse/neglect assessment and family service practice since the implementation of DCYF's Structured Decision Making process
- Progress in the implementation of DCYF's Strategic Plan
- Collaborative efforts to bring nursing services to each field office to insure the provision of preventive medical care to children served by our agency.

Through those initiatives above and additional efforts that will be illustrated in this report, we believe that we are getting closer to the day when, in New Hampshire, we will be able to respond with confidence, that "All of the children are well".

## II. GOALS & OBJECTIVES



### *Vision Statement*

*We envision a state in which every child lives in a nurturing family and plays and goes to school in communities that are safe and cherish children.*

### *Mission Statement*

*We are dedicated to assisting families in the protection, development, permanency, and well-being of their children and the communities in which they live.*

**DCYF Comprehensive Child & Family Services Plan, 2000-2004**

In the following sections is a progress report on each of the goals, objectives, and action steps identified in the five-year Comprehensive Child and Family Services plan submitted last June. The period of time this report covered by this report is July 1, 2001 through June 30, 2002.

On 9/01/01, new legislation resulted in the creation of the Division for Juvenile Justice Services (DJJS) within New Hampshire Health & Human Services. This legislation removed juvenile probation and parole from DCYF and reunited the function with the Youth Development Center and the Youth Services Center to form DJJS. Thus CHINS and delinquent youth are served by DJJS. Both DJJS and DCYF continue to provide collaborative services when child abuse/neglect co-occur with delinquency or status offenses.

## **A. Safety**

**GOAL: Protect children from abuse and neglect and assist families in their efforts to maintain safety for themselves and their children.**

**Objective A: Re-examine the NH DCYF child protection program to enhance the decision-making ability of staff to prepare the Division for accreditation.**

**Action Step 1:** Re-examine the basic tenets of the child protection program such as: its philosophy, mission statement, and goals and objectives, and evaluate the program against national standards.

**Target date: 9/00**

**Progress:** An Accreditation Steering Committee began meeting in September of 1999 to discuss the agency mission statement, philosophy, and values. The group ultimately recommended that the Division keep its established mission statement, philosophy, and values but that it also engage in a strategic planning initiative.

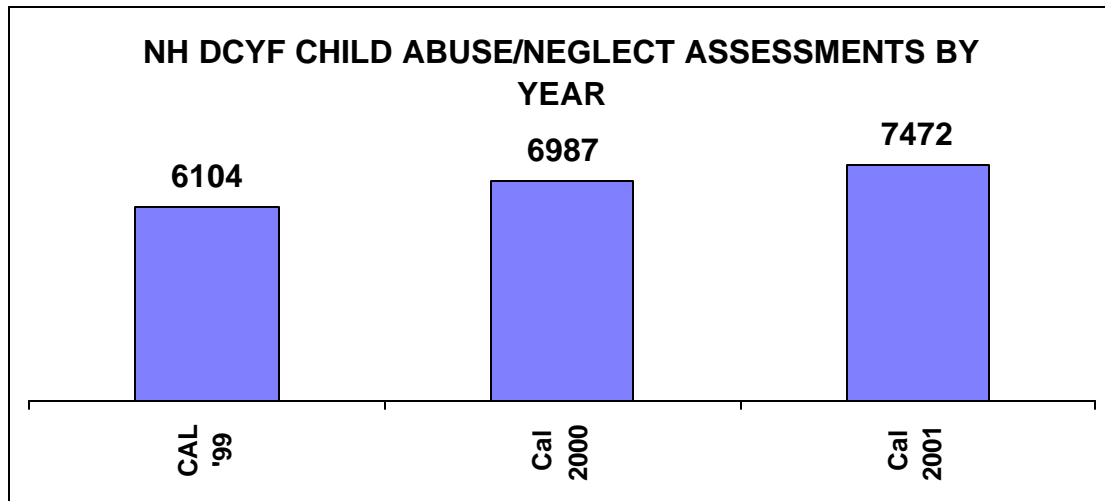
The Accreditation Steering Committee continued to meet monthly through January 2001 and had the major responsibility for overseeing the Division's accreditation preparations. Through the process of becoming accredited all services provided by the Division will be reviewed and evaluated against national standards. The membership of the steering committee consisted of the Management Team with the addition of the Eric L. monitor and the Accreditation Project Supervisor.

Based on the recommendation of the Accreditation Committee a facilitator was hired and a strategic planning process was undertaken during the winter and

spring of 2000. Through a lengthy process of identifying the agency's strengths and weaknesses and of sorting through dozens of possible goals, the group decided on six final goals to be focused on over the next two to five years. The work plan for this initiative was finalized in July 2000. At a recent DCYF Leadership Meeting in May, 2001 several committees reported on the progress of their workgroups.

Goal #1: Workload Standards: Two reports were submitted "Strategic Planning Workload Analysis Committee Notes/Overview", and "Strategic Planning Workload Analysis Sub-committee Workload Recommendations". The work included information from the Children's Research Center, and the recommendations include, where applicable, workload standards from the Council on Accreditation (COA).

During the calendar years 1999-2001, reports to DCYF Central Intake that resulted in face to face assessments of suspected child abuse and/or neglect rose by 21%. This was not related to any change in review and screening measures practiced by DCYF Central Intake. Total calls received in which suspected abuse/neglect was reported also experienced a corresponding increase over the same period of time, as displayed in the chart below.



During this same time period, staff levels remained basically unchanged.

Between January and March, 2002, the administration of DCYF and NH H&HS researched an action plan to address workload standards and DCYF's ability to respond to community needs for child safety, permanency & well-being. By April, 2002, a plan was launched and endorsed by the Governor of New Hampshire. The plan involves combining resources within NH H&HS in order to create:

- Thirty additional field assessment child protection and supervisor positions (constitutes a 30% increase over current staff levels)
- Eleven attorney positions to be situated in DCYF district offices
- Nine nurse positions to serve the DCYF Foster Care Health Initiative
- Dedicated funding to allow for cash reimbursement for overtime
- A statewide 24 hour on-call system [please see Safety goal 1]
- Funding to expand the "Permanency Plus" pilot.



Full Implementation will also involve the approval of the NH State Legislature's Fiscal Committee, and Governor & Council Approval.

Goal #2: Improve the Image of DCYF.

During May and June of 2002, DCYF initiated action to replace the multiple websites with one that consolidates access to educational material covering the Division and each of its six primary programs. The new website will be up and running in mid-summer of 2002 with mini-sites covering: DCYF, the Child Protection Program, the Child Development Program, the Foster Care Program, the Adoption Program, the Teen Independent Living Program, and collaborative initiatives that address families affected by both domestic violence and child abuse and neglect.

DCYF training and presentations to the public stress staff professionalism, staff training, and adherence to supervisory standards. The theme of the 2001 DCYF conference was entitled "*Respect the Work; Respect the Worker*". Polo shirts with this logo were given to all attendees.

In May of 2002, DCYF Director Nancy Rollins and two foster parents currently providing care for children in New Hampshire were interviewed in a film entitled *FYI New Hampshire: Foster Care in New Hampshire*. The ninety-minute interview contained accurate information about DCYF, its focus on families, the use of licensed foster homes, and recruitment of foster families. In addition, the foster parents expressed their thoughts about their experiences as foster parents. This filmed interview was duplicated and distributed to members of the DCYF Advisory Board on 6/19/02. Board members agreed to contact their local

community cable channels to have the film aired during a time most accessible by the general public.

Goal #3: Increase Case Management Decision Making Authority at the District Office Level: The following four areas were addressed by the workgroup:

- Certification of new providers. Packets and recommendations currently are the responsibility of the Certification Unit
- Out-of-state placements. Primary decision-making authority now lies with Clinical Coordinator and the Deputy Compact Administrator of the ICPC.
- Ability to use support staff. Now controlled by the Manager of Administrator (AM) in each district office.

Since June 2001, the Administrator for Management Support continued to collaborate with DCYF so that support staff could be provided to targeted DCYF field offices. Support staff in the DCYF Administrative Offices received hard copy forms from field office staff and entered designated information into NH BRIDGES so that files could be updated in that system. Temporary staff was added in offices where critical data entry and file conditions existed. The addition of staff in one office resulted in the elimination of paper file backlogs within three months. Additional support staff were added to the child protection units in the Laconia, Rochester, and Keene District Offices. Cross training was implemented to better address child protection filing and BRIDGES data entry. Support Staff turnover was addressed through a pay upgrade that was approved for 75% of DCYF support staff.

During the past twelve months, DCYF strengthened its management structure through the recruitment of seasoned administrators to improve communication and accountability with district office supervisors & field staff. The position of

Administrator for Child Protection was consolidated to become more field oriented. Two Assistant Child Protection Administrator positions were created under the supervision of the Administrator for Child Protection to enhance the connection between DCYF Administration and operations in local field offices. Each Assistant Administrator is responsible for insuring best practice in all child protection units in designated district offices. These Assistant Administrators focus on supervision, accountability, and adherence to responsibilities mandated by statute and policy. They also support District Office supervisors in responding to local public needs, and in resolving barriers to services that may occur within the local offices.

This reorganization has had profound positive effects on accountability measures in the District Office CPS Units. For example, documentation of Child Protection Assessments improved. Despite the fact that more reports of suspected child abuse/neglect were assigned to district offices for assessment in 2001 than in any previous year, more than 80% had completed documentation on the BRIDGES case management system by March 2002. At this writing, 94% of the assessments assigned in 2001 are completed and documented.

A Clinical Administrator devoted to comprehensive best practice in DCYF field offices was added to the DCYF Management Team. A Senior Psychiatric Social Worker, under the supervision of the Clinical Administrator, provides consultation on mental health needs of children served by DCYF. An Information Technology Manager was recruited to direct and coordinate efforts to assess and report on DCYF operations.

Goal #3: Expand the Community Array of Services:

#### **DOMESTIC VIOLENCE PROGRAM SPECIALIST INITIATIVE**

Past research has shown a high correlation between domestic violence and child abuse/neglect (Dykstra, 1995; Hamlin, 1991; McKay, 1994). Studies of abused children revealed that over half of them have mothers that were abused, making domestic violence the single, strongest identifiable risk for child abuse (Walker, 1984).

In addition, children that are put into the cycle of violence as witnesses and victims, tragically grow up believing that violence is the only form of conflict resolution (Schechter & Edleson, 1995; Strauss & Gelles, 1990).

*...Domestic violence organizations, in collaboration with child protection agencies, juvenile courts, and other community partners, should provide leadership to promote collaborations and develop new resources for adult and child safety and well-being. (Schechter, S. & Edleson, J., (1999), p.70)*

The initiative includes placing a domestic violence specialist from the local community crisis center in the DCYF unit in each local District Office. The Family Violence Prevention & Services Act (FVPSA) funds staff seven of the State's twelve District Offices on at least a part time basis. Program specialists funded through Violence Against Women Act (VAWA) funds similarly staff five of New Hampshire's most rural District Offices.

These program specialists, in addition to consultation, have been a source of assistance and training to CPSW staff while providing advocacy services to battered women involved with DCYF. It is anticipated that as this program continues, the specialists will continue to increase awareness of the prevalence of battering and its effects, and provide resources to the Division's staff and the families that they serve. This program has resulted in more effective assistance to victims of battering in areas such as safety planning, which in turn has led to increased child safety. In addition, the program specialists have been available to team with CPSWs in meeting with victims and/or children when considered

appropriate. The New Hampshire Coalition Against Domestic & Sexual Violence estimates that the program has resulted in additional referrals to the various crisis centers and is in the process of adapting their data collecting to better gather information and statistics regarding specific numbers.

Teaming by professionals in similar disciplines appears to be very effective in making better decisions in crisis situations that affect children. This multidiscipline collaboration results in better preparation and responses to family crises. Child protection workers have been learning how to more effectively engage mothers in recognizing the effects of domestic violence and its impact on children, and in the need for a safety planning process in battering cases.

### **COMPREHENSIVE FAMILY SUPPORT**

On February 11, 2002, DCYF approved and implemented a new policy involving an initiative to provide services previously unavailable to families without a determination that child abuse/neglect occurred. The “Voluntary Services” Policy enables DCYF to expand the array of community-based services to families in order to “relieve conditions that may lead to child maltreatment” (please see policy in appendix). Services available statewide range from supportive secondary prevention at community sites to home based counseling. Limited child respite care and temporary placement is available in all areas of New Hampshire except in those areas covered by the Claremont, Salem, and Berlin District Offices. Funding from Title XX Social Services Block Grants, the Family Preservation Grant, CAPTA, and the Child Development Program. [Please see Appendix]

From January through May 2002, DCYF Central Intake alone reports that over 800 children have been referred to statewide Comprehensive Family support services.

## **Contract Monitoring**

Evaluating the effectiveness of community services contracted to support this initiative will be accomplished in part through a multidisciplinary review panel. Members of that panel had been active participants in the DCYF Child Welfare Advisory Board, and will function collaterally with the DCYF Advisory Board. Members of both boards will meet at a one-day retreat in Sept. 2002. A substantial part of this retreat will be to assign priorities and responsibilities regarding the review of services to be provided under the comprehensive Family Support contracts.

Plan for After Hours Coverage: The DCYF action plan is dedicated to addressing a practical approach to providing services to children and families during non-traditional work hours. The plan remains as a goal to be accomplished during the next several months. First, additional funding resources are presently being allocated to respond to after hours obligations.

NH DCYF has experienced a significant increase in child abuse/neglect referrals and assessments and a corresponding increase in "High Risk" referrals demanding immediate response. The circumstances involved in these referrals have no respect or traditional work schedules. Paid overtime would increase options of compensation for the child protection staff whose response to these referrals unexpectedly extend their time at work into the evening hours.

Since June 2001, DCYF has refined 24 hour on call availability, particularly in those situations involving immediate and unexpected medical needs for children in DCYF custody and guardianship. On call availability during nights, weekends, and holidays continues to be through contracted services provided by NH Helpline, a 24 hour information and referral service (1-800-852-3388). After hours referrals requiring an immediate response by DCYF are directed to Child Protection Administrators, who have access to information about active DCYF referrals and open cases by secure remote access to NH BRIDGES.

During the next twelve months, DCYF plans to continue coordination and expansion of 24 hour on call services to a more regional level. Re-allocated financial resources will accommodate funding for a system of on-call staff, designated in a manner based on experience and training, with the goal of being more responsive to foster and adoptive parents. Staffing will be by district office, or by groups of district offices, determined by population, and frequency of referrals by geographic area. These expanded 24 hour on call services will continue to be accessed through NH Helpline.

Statewide implementation of flextime schedules continues to be a goal under development. The goal remains to allow for district offices to adopt schedules for CPSWs that result in work hour blocks that accommodate needs of children and families to be provided with direct non-emergent services during evenings and weekends. Considerations learned during the past twelve months include insuring workplace safety plans for CPSWs and family members alike. Since a high percentage of child protection services in New Hampshire involve services to children in their homes when there is no court oversight, contacts between CPSWs and families are usually conducted in family homes or available community centers, such as the local NH Health and Human service district Offices. Because much of the state is rural and isolated from resources such as law enforcement, considerations for flexible work schedules must include provisions for safety. DCYF's goal for the next twelve months will involve consolidating a flexible hours procedure tailored to the needs for DCYF staff and families with respect to safety and Best Practice.

**Action Step 2:** Revise the Intake policy and re-examine the criteria for determining credible reports and the initiation of an assessment.

**Target date:** 9/00

**Action Step 3:** Research tools for assessing safety and risk; select a standardized safety and risk assessment methodology and tools; train staff; implement; and evaluate.

**Permanency Goal;Action Step 2:** Develop a tool to assist field staff in assessing parental capacity and identifying those families who are likely to be reunified.

**Progress:** DCYF formally implemented a Structure Decision Making (SDM) Process. The goals of SDM are:

- To reduce the incidence of child maltreatment through enhanced assessment and targeted levels of intervention and services; and
- To expedite decisions and achieve timely permanency for children who reside in out-of-home care.

The SDM process focuses on key decision points in Child Protection, including:

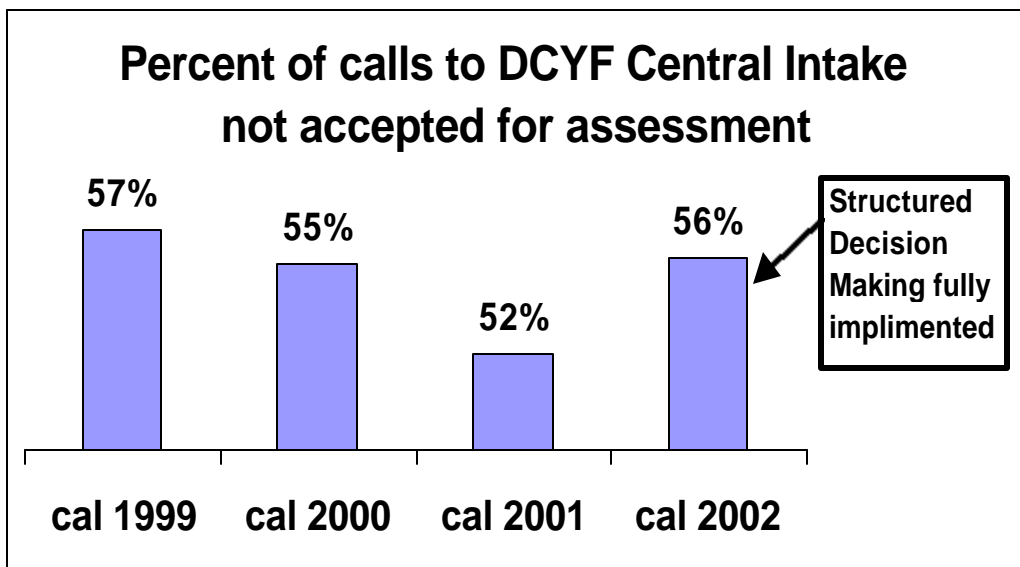
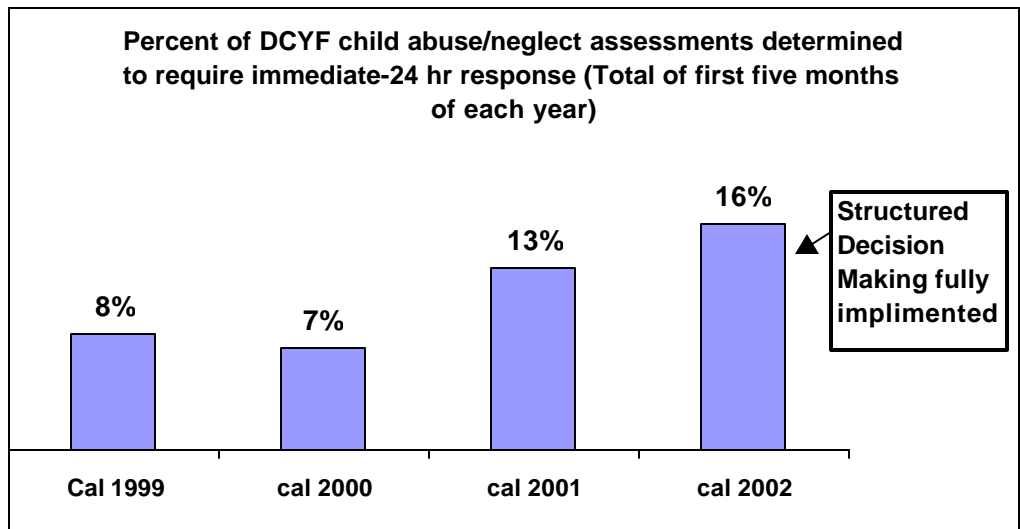
- Evaluating if a call to DCYF regarding concerns about a child constitutes a credible report of suspected child abuse/neglect that requires face:face assessment.
- The timeliness and manner of response based on identified risk factors,
- Safety plans, including decisions that include whether the children involved can remain in their household,
- Safety (immediate concerns), risk (long-term propensity for maltreatment), and family strengths and needs considerations necessary in reunifying children with their parents.

Prior to implementation in December 2001, DCYF's Bureau of Quality Improvement (BQI) coordinated final evaluation of SDM as meeting Best Practice standards. Also, training for all DCYF staff was coordinated through BQI and DCYF's Staff Development Unit.

One early indicator of change since implementation of SDM shows a higher proportion of DCYF assessments requiring a response within 24 hours, insuring earlier intervention and risk assessment. Comparisons were made from January through May 2002 to identical months in previous years. The following charts



illustrate that during the first five months that SDM has been fully implemented, there has been an increase in the percent of abuse/neglect assessments determined to require a “level 1”, response (Immediate-within 24hrs of receipt of referral to the District Office for face:face assessment of children in the report) There has not been a significant change in the percent of calls to DCYF Central Intake that result in a face: face assessment.



Procedures integrated into the SDM process are available for CPSWs at every phase of intervention through SDM screens that have been incorporated into NH BRIDGES. Formal Central Intake policies that correspond to SDM procedures were drafted and are in the approval process as of this writing.

**Action Step 3:** Research tools for assessing safety and risk; identify agency needs; seek consultation from national resources; seek input from all staff; select a standardized safety and risk assessment methodology and tools; train staff; implement; and evaluate.

**Action Step 4:** Research, evaluate, train, and implement an improved assessment process.

**Target date: 9/01**

**Progress:** New Hampshire DCYF and DJJS are presently preparing for the Child and Family Service Review (CFSR) to be conducted jointly by DCYF, DJJS and U.S. Health & Human Services, Administration for Children & Families in June, 2003. Policies, practices and services to children served by DJJS that are in foster care and not in detention placements are included in the NH CFSR.

The CFSR is part of a national effort to promote positive outcomes for children and families engaged in statewide child welfare systems. So far, about 1/3 of the child welfare programs in the United States have participated in Child & Family Service Reviews. Review teams collect information from a variety of sources to make decisions about a state's performance. The sources of information include:

- A statewide assessment, which will guide decisions about which DCYF cases, and which three District Offices will be intensively reviewed.
- A review of statewide aggregate data derived from AFCARS and NCANDS files (*AFCARS* is a report made by DCYF regarding children in placement provided by DCYF; *NCANDS* is a report about children responded to by DCYF because of alleged and founded abuse/neglect)
- Onsite reviews of a sample in-home and out-of-home of case records,
- Case related interviews with children, parents, foster parents, case managers, and other professionals working with the child, and
- Interviews with State and community stakeholders

New Hampshire's Child and Family Service Review will examine our state program from two perspectives:

1. The results and outcomes of services provided to children and families served by DCYF, and
2. The systemic factors that have an effect on DCYF's ability to help children and families in ways that contribute to the safety, permanence, and well-being of every child served.

The Review will focus on principles currently understood to best serve families, such as family centered planning, community based services, strengthening parental capacity to protect and provide for children, and tailoring services to meet individual family needs. The review will also serve to enhance accountability standards already in action to promote Best Practice standards by DCYF.

In preparation for the formal Child & Family Service Review, NH DCYF has initiated a detailed internal assessment, including "mock" reviews which parallel the process detailed above.. These reviews, coordinated by DCYF's Bureau of Quality Improvement, are occurring collaterally with other internal monitoring and evaluation activities, such as a 100% review of DCYF records involving cases in which children are still at home or those in which children have been placed in temporary foster care.

**Action Step 5:** Work in partnership with the Citizen Review Panel and seek guidance in improving the child protection program.

**Target date:** Ongoing

**Progress:** The Citizen Review Panel was required as part of the Child Abuse and Treatment Act. From September, 2001 through June 2002, the Panel continued regular monthly meetings. The agenda of the Review Panel this year

has included an examination of increasing the application of available resources within NH H&HS/DCYF to address critical gaps in staff and other supports needed by families involved with DCYF. As the H&HS plan for allocation of funding for DCYF resources became solidified, the Panel began to narrow its focus on particular issues faced by children and families when interventions due to child abuse/neglect occur. In order to accomplish this, in May, 2002, the panel chose to begin a regular agenda involving the review of specific case situations so as to examine case development and DCYF practice in a manner that preserves the confidentiality of the family involved. This agenda will continue through the next several months.

**Action Step 6:** Contract for a workload analysis to be completed using nationally recognized standards.

**Target date:** 9/00

**Progress:**

**Action Step 7:** Develop a method of documentation that tracks the provision of services to families in all assessments regardless of substantiation.

**Target date:** 9/00

**Progress:** NH BRIDGES staff has been responding to priorities that are more directly related to field support. This action has delayed research and development to attain this goal. DCYF Program and H&HS BRIDGES staff are still considering design changes that would allow for the recording of this information in an easy and accurate manner by CPS field staff.

**Objective B:** Develop a series of public information material and strategies to increase the public's awareness regarding child safety issues and DCYF interventions.

**Action Step1:** Continue to produce the Community Guide to Reporting Child Abuse and Neglect and conduct outreach efforts to educate the public about the reporting laws in NH.

**Target date:** Ongoing

**Progress:** Production of the *Community Guide to Reporting Child Abuse and Neglect* is completed. All DCYF staff members when speaking to the public about the reporting law and the duties of the Division use the Community Guide. The Community Guides are also sent out to medical facilities, schools and other community partners for display in their offices and lobbies. Staff members of the intake unit rely heavily on the Guide and send it out to callers who want more information about what should be reported to the Division. Pamphlets for families entitled “Family’s Rights” and “A Parents Guide to Protective District/Family Court Civil Proceedings” were created with input from members of the Family Empowerment Council. They have been distributed to all DCYF offices.

Regarding outreach efforts to educate the public about the reporting laws in NH; on 5/25/2002, DCYF began a series of community forums at local Health & Human Services District Offices. District Office Program Managers, and DCYF staff, including the Director, Deputy Director, Administrator for Child Protection, DCYF District Office Supervisor, and CPS staff have been participating in the forums. Participants in this process include local community stakeholders on child wellness, law enforcement organizations, foster parents, legislators, and educators. In addition to discussing needs for children and families particular to those communities, DCYF staff have been presenting an overview of the Division’s new case management tool, Structured Decision Making (SDM). Also presented are: child abuse reporting requirements, foster home recruitment, and other services that families can access voluntarily. Local

profiles on community wellness indicators as well as the status of children and families involved in reports of abuse/neglect to the local offices are presented (see attachment). *The Community Guide to Reporting Child Abuse and Neglect*, the *Information for Families* pamphlet for families newly involved with DCYF, *A Parents Guide to Protective District/Family Court Civil Proceedings* and other information resources are available for participants at all community forums.

Efforts to educate the public about the reporting laws in NH continue through the numerous public speaking engagements done every year by DCYF staff. For example, DCYF continues providing community outreach by participating in annual Kids Safe Statewide seminars. These seminars are provided in conjunction with the National Center for Missing and Exploited Children, under the sponsorship of the New Hampshire Auto Dealers Association. Attendees include school guidance counselors and administrators, police officers, and fire fighters from through New Hampshire. In sessions provided on April 2, 3, and 4, 2002, a total of 161 professionals attended presentations that included information on child safety, child abuse and neglect, and how to report child abuse/neglect in New Hampshire. DCYF presenters offered information on services and responses that reporters of suspected abuse and neglect should receive from DCYF Child Protection Staff.

**Action Step 2:** Through the DCYF Staff Development Unit, train the DHHS Program Managers to serve as community leaders for DCYF by educating community groups regarding the reporting law and acting as a conduit of information regarding identified community needs.

**Target date:** Ongoing

**Progress:** Program Managers are included in the mailing of all Staff Development Unit Training announcements and attend many DCYF core, on-

going trainings and the annual DCYF Conference. They also attend and send their own support staff to the two-day DCYF Orientation.

Program Managers are also consistently invited to and attend the monthly statewide DCYF leadership meetings. Through these meetings they are made aware of issues facing the Division and are encouraged to share information with their local communities, acting as both communicators and advocates for the Division.

**Action Step 3:** Develop pamphlets on family services, adoption recruitment, the court process, administrative reviews and time frames for permanency.

**Target Date:** 9/00 - 9/04

**Progress:** “The Community Guide to Reporting Child Abuse and Neglect”, the “Family’s Rights” informational pamphlet for families involved with DCYF, “A Parents Guide to Protective District/Family Court Civil Proceedings” and other information resources continue to be printed and distributed to all of the District Offices, churches, schools, and other local providers.

A foster care recruitment kit has been developed and is being distributed. A brochure on the new administrative case review system was developed and is being distributed. See Attachment A and B.

**Action Step 4:** Continue to collaborate with community-based agencies and organizations including Prevent Child Abuse NH in its public information campaign regarding safety issues.

**Target date:** Ongoing

**Progress:** The Child Health Month Coalition that provides mailings at least annually to all providers of childcare, medical care, and educators on a variety of topics relevant to the health and safety of children. The format of these mailings



is purposefully designed so the material may be reproduced for distribution to parents and others. Coalition members include the NH Pediatric Society, Child-At-Risk Program at Dartmouth-Hitchcock Medical Center, DCYF, Maternal and Child Health, Women Infants and Children (WIC), NH Shaken Baby Coalition, NH Chief Medical Examiner, and others. Topics of the mailings have included: Internet Safety; Rules for Children and Their Parents; Gun Violence; Dating Violence – What to Do?; Who can You Tell?; Safety Rules for Bicyclists; How to Choose Quality Child Care; Building Your Child's Self Esteem; and others.

There is ongoing collaboration between Prevent Child Abuse NH and DCYF through various means. The Executive Director of Prevent Child Abuse NH participates on the DCYF Advisory Board as well as the Citizens Review Panel that is now required by CAPTA.

There are currently five Parents Anonymous groups presently functioning in New Hampshire. While this is a decrease in number from last year it should be noted that there is a higher quality of attendance and participation currently, through the coordinated efforts of Prevent Child Abuse NH, Child & Family Services, and Casey Family Services. There is a goal to establish additional groups by the end of this year; a Spanish-speaking group in Manchester, a group for the Bosnian community in Franklin, and groups in Portsmouth and Exeter.

DCYF continues to participate in the NH Coalition to Prevent Shaken Baby Syndrome that sponsors informational campaigns on the subject of shaken baby syndrome (SBS). The goal of the campaigns continues to be to eliminate the incidence of SBS cases in NH. Fact sheets on SBS have been mailed to 3000 groups and key stakeholders such as hospitals, school nurses, and childbirth educators. Interviews have been done with TV, radio and print media to further the groups mission and there has been mass distribution of "Never, Never Shake a Baby" bumper stickers and informational brochures.

**Action Step 5:** Provide regular releases to the media regarding agency achievements, beneficial practices, and initiatives.

**Target date:** Ongoing

**Progress:** DCYF continues to contribute articles to various media sources, including Common Ground, local and statewide media. DCYF provided media releases on a number of issues and initiatives including:

9/13/2001; A response to the NH Legislative Budget audit of the Foster Care Program

1/8/02: Discussions of a number of Innovative strategies for improving services to Abused/Neglected Children, such as:

- Structured Decision Making
- Increased access to dental care piloted in Belknap County
- Medical passport program for foster children
- The Foster Care Health Program
- Permanency Plus Time Limited Foster Care Demonstration Project
- Child Care Scholarships for low income families, and
- The Early Childhood Senior Mentor Corps

During March, 2002; An informational release on the 10'th Annual DCYF Conference, and on the CARE NH Summit held on 3/8/02 in Concord;

In April an informational release was provided on "Celebrating the work of Family Resource Centers" at a legislative breakfast in Concord, providing information about Family Resource Centers as supports for family development.

DCYF provided access to media interviews including the following examples:

- During January 2002, Director Nancy Rollins made numerous contacts with press and public radio interviewers on DCYF best practice measures as they relate to the Eric L. settlement, as well as on the DCYF assessment process since the initiation of SDM. Commissioner Donald Shumway

provided a taped interview regarding children in poverty in New Hampshire on Public Radio.

- During February 2002, Nancy Rollins interviewed on WMUR concerning the DCYF central registry, and to the local press regarding NH's Foster Care program.
- Administrator for Child Protection Maggie Bishop provided interviews to the Concord Monitor on child abuse/neglect and how DCYF responds to it.
- DCYF Attorney Byry Kennedy was interviewed by the Manchester Union Leader regarding the mandatory reporting law for suspected child abuse/neglect.
- On May 20, 2002 WMUR interviewed Administrator Maggie Bishop and Deputy Director Joe Arcidiacono on Structured Decision Making and DCYF's assessment process.

**Objective C: Continuously provide all DCYF staff with competency-based training regarding family strengths and safety**

**Action Step 1:** Update the competencies and develop a series of advanced trainings for supervisors to include: legal issues; case management; and clinical and administrative supervisory issues.

**Revised Target date: Round one 9/2002...Round two 10/2003**

**Progress:** A competency-based training for supervisors began in 9/2002 with a overview for DCYF Management. The training is being conducted by the Institute of Human Services of Ohio in conjunction with the Child Welfare League of America. By 10/2002 the first 15 supervisors will have completed the program and the remaining supervisors will begin the program in 1/2003. The modules of this program are as follows:

- Managing within a child welfare system
- Managing Diversity
- Transfer of Learning
- Developing Workgroups and Teams
- One-day follow-up

The next phase of the supervisory training will be to develop and provide specific case practice training for Child Protective Supervisors on an on-going basis, with a goal of focusing on supervisory standards.

The following advanced trainings for supervisors were developed and offered this past year: Mimi Laver of the American Bar Association in Washington D.C. came to speak about the impact of the Adoption and Safe Families Act; a two-day training was held on case conferencing; and a three day series was offered on Specialized interviewing skills.

**Action Step 2:** Provide advanced and ongoing training identified through the use of the Annual Training Needs Assessment (AITA) on assessments, case planning, and goal setting. Also, ensure that the (ATIA) is completed at the time of the performance evaluation.

**Target date:** 11/01 and Ongoing

**Progress:** The following trainings topics have been identified and are in the process of being scheduled:

- Attachment Disorders
- Effective Foster & Adoptive Parenting
- Casework Strategies with Adolescents
- Interviewing the Young Child
- Emotional & Behavioral Disorders in Young Children
- Administrative Case Reviews

- Child Forensic Evaluations
- Parenting Skills
- Self Mutilative Behavior
- Advanced Interviewing Skill
- Indian Child Welfare Act / Multi-Ethnic Placement Act
- Munchausen Syndrome,
- Psychological Maltreatment,
- Fractures and Shaken-Baby Syndrome

A total of a minimum of ten advanced training days/topics will be offered.

**Action Step 3: Continue to provide competency-based training for the foster and adoptive parents and the licensed residential child care providers.**

**Target date: Ongoing**

**Progress:** The pre-service training for prospective foster parents is entitled “Foundations for Fostering” and is offered through a contract the Division has with the College for Lifelong Learning (CLL). “Caregiver on-going Training” is offered to licensed foster parents, adoptive parents and residential care providers. The CLL contract has been expanded to provide more training sessions throughout the state. Refer to the Training and Technical Assistance section of this report for a detailed description of *Foundations for Fostering*, *Caregiver on-going Training* and other services provided through the CLL contract.

**Action Step 4:** In collaboration with the Staff Development Unit and the Family Empowerment Project, institute sensitivity training for all staff where families involved in the child protection and juvenile services share their experiences receiving services.

**Target date: 9/01**

**Progress:** This goal has been revised. Because the Family Empowerment Project is not continuing organized meetings (Please see page 39), the DCYF Staff Development Unit continues to focus on consumer oriented workshops and trainings, but this occurs in collaboration with other consumer groups. For example, at the 2001 & 2002 DCYF conference the Staff Development Unit presented a workshop with a panel of teens who have shared their experience in the 'system'....what worked and what didn't.....areas for improvement. What has clearly come across through presentations such as these is the importance of contact between Division staff and adolescent in placement. Consumers associated with the Family Empowerment Group are still invited to attend the DCYF Conference and scholarships are offered to enable their attendance.

**Additional Action:**

DCYF Staff Development Unit will develop competency-based training for DCYF staff attorneys.

**Target date: Ongoing**

**Progress:** The staff development unit has met with the lead DCYF staff attorney to discuss core training for DCYF attorneys. Competencies are being researched as well as other trainings in other states.

**Objective D: Increase public awareness and guide the use of Diversion, Incentive, and other grant funds to ensure funds are used for programs that prevent child abuse and neglect, and divert youth from the juvenile justice system.**

**Action Step 1:** Continue to support family support and prevention programs in communities such as Family Resource Centers as a means to prevent court involvement for reasons of child abuse and neglect.

**Target date: Ongoing**

**Progress:** : Twelve Family Resource Centers received renewed or initial funding for family support programming last year. In the most recent request for proposals issued by DCYF, priority was given to those centers proposing to provide:

- Homevisiting visiting services for children aged birth to three.
- Child care information and linkages with resource and referral agents.
- Health education
- Child development education
- Parent education and support
- Adult literacy and higher education services
- Early literacy services and support
- Short term child placement and respite care
- Quality early care and learning programs
- Life skills training
- Family mentoring and advocacy

Of the sixteen centers funded, several used the funding to implement a new or expanded home visiting program. Examples of the other types of programs funded include:, parent/child playgroups, summer recreational programs for

children, family activities and outings, and a family violence prevention program.

Every year, in collaboration with the Counties, DCYF distributes Incentive Funds with the stated purpose of preventing child abuse and neglect and to encourage community based programs to develop services and programs aimed at preventing child abuse and neglect and encouraging family support and competencies. The DCYF Incentives Funds are also used to limit court involvement and out of home placements in both child protection and juvenile services. The authority for the Department to provide this funding is set forth in legislative statute RSA 170-G: 4, XVI. The law states that the amount to be distributed for these programs shall be not less than 6% of the amount appropriated to the Department of Health and Human Services each fiscal year for placement costs. The intent of this funding is to "...encourage cities, towns, counties and municipalities to develop and maintain prevention programs, court diversion programs and alternative dispositions for juveniles other than placements outside of the home through the use of a formula which shall allow the transfer of funds to cities, towns and counties which have, or are developing, prevention programs or alternatives for juvenile care."

The Incentive Funds are made available each year to the local sub-divisions through the ten NH counties. An allocation equivalent to 15 percent of the Incentive Funds are guaranteed and divided equally among the state's counties. The remaining funds are distributed based upon the percentage the county's juvenile population as compared to the total state juvenile population. This figure, combined with the counties guaranteed 15%, represents the total amount awarded to each county.

The 2002 total allocation amount was \$2,716,232.71 broken down as follows:



- 221 programs were funded throughout the state;
- Approximately 70,519 children/families are projected to receive incentive funded services;
- Approximately 45% of the total allocation was designated for intervention type of programs;
- Approximately 55% of the total allocation was designated for prevention type programs.

The Department filed and subsequently passed a new set of Administrative Rules, which govern the allocation and distribution of the Incentive Funds. The intent of the rules is to place greater emphasis on accountability and efficiency with the program and increase the ability of state, county and cities and municipalities to more accurately forecast placement related costs within their budgets. The ultimate goal of the program is to further enhance collaborations and partnership among the state, county and local governments by funding programs best suited to meet their needs. The practice of having state funds dedicated to the incentive funds program in each county allocated by a selection committee, comprised of department and county representatives is long standing and reflects the need to have broad county participation in the process while maintaining accountability at the state level for the proper use of the funds.

Additionally the DCYF targeted resources towards the development of a database that will capture additional information regarding the effectiveness of program and community responses to program utilization and outcomes. IT is anticipated that the data base and the outcome information will be an activity that will require increased cooperation and communication between state and county governments, Strengthening these partnerships will result in a clear and consistent approach to organize communities to respond to the needs of families throughout the state.

Family Resource and Support Programs are another prevention service funded by DCYF through the Social Services Block Grant. This service, targeted to at-risk families with children aged 0-18 years of age, is contracted out to agencies in each of the twelve district office catchment areas of the state. Some of the services provided include, but are not limited to: comprehensive family assessments, preventive child day care, home-based services, and home school coordination. Programs work with families in an effort to reduce the level of risk and/or stress within the family system. The programs are intended to divert the need for more formal, intrusive systems of care.

**Action Step 2:** Work with representatives from Maternal and Child Health, the Child Development Unit, and the NH Children's Trust Fund, to develop a continuum of home-visiting services for families from primary prevention through home-based intervention services for open DCYF cases.

**Target date:** 9/02

**Progress:** The Governor's Kids Cabinet, formed in 1998, has advocated for a comprehensive system of home visiting services. The Kid's Cabinet studied the array of home visiting programs that presently exist in the state from primary to tertiary prevention programs to implement a model that will be promoted as a statewide home visiting program. Representatives from the Bureau of Maternal and Child Health have met with the Kids Cabinet consistently to identify the necessary components of a statewide home visiting model including the length and type of service to be provided as well as the target population. Staff members from various Divisions within the Department of Health and Human Services, including DCYF, have met to discuss potential funding streams that could be accessed to pay for such a statewide program. Discussions regarding service components and the identification of potential funding streams are ongoing. September of 2002 remains a realistic target date for this task.

### ***New Hampshire Children's Trust Fund***

The New Hampshire Children's Trust Fund (NHCTF) is a nonprofit foundation dedicated to supporting programs that prevent child abuse and neglect. The NHCTF has learned that the most effective way to keep children safe from abuse and neglect is to foster the development of strong, healthy families, with capable parents and caregivers. To this end, the NHCTF provides financial, technical and training resources to community-based programs across the state. In addition, the NHCTF advocates for positive change in both state and federal policies that effect children and families.

In 1996, the NHCTF was designated as the lead agency to receive and distribute CAPTA Title II (Community Based Family Resource and Support) funds. Each year, the organization receives approximately \$175,000. The NHCTF distributes these funds through a competitive grant process to community-based programs. Criteria for receiving a grant from the NHCTF include:

- *Primary prevention.* The highest priority of the NHCTF is to support programs designed to promote the general welfare of *all* children and families before abuse or neglect occurs. Programs are accessible to everyone, but may target populations at risk for abuse and neglect. Programs focus on education and training in child development, parenting, skill building for parents. They may also include health and developmental screenings to identify children at risk and general information and referral services.
- *System building.* The NHCTF is particularly interested in funding programs that are a part of a community-wide plan to improve the child and family service system.
- *Building program capacity.* The NHCTF is committed to helping programs develop stronger boards, well-trained staff, and effective

organizations. Up to thirty-percent of a grant request may be used to build the long-term capacity of the program.

- *Under-served communities.* Many New Hampshire communities lack basic family-centered, family support programs and services. The NHCTF solicits proposals for new projects in communities where resources for these programs are lacking or where funding has been significantly disproportional with other communities in the state.

**Prevention programs funded in FY 2002.** In FY 2002, the NHCTF awarded \$147,000 to community-based programs that prevent child abuse and support families. In addition, the organization will award a one-time recognition grant to an organization that exhibits exemplary management and programming for children and families through its *Smith Award for Excellence* program, for a total of \$162,000. Please see Appendix for contract details)

**Action Step 3:** Educate staff, Advisory Boards, and the County Human Service Administrators about the recommendations identified in the County Community Youth Profiles and the needs assessments conducted under the Family Preservation and Support Grant as well as state-of-the-art proven prevention programs.

**Target date: Accomplished**

**Progress:** Information on needs assessments funded by the Family Preservation and Support Services grant was included in a successful application to the Office of Juvenile Justice and Delinquency Prevention for the Juvenile Accountability Incentive Block Grant. Additionally, the mailing list of teams who completed these needs assessments under the Family Preservation grant was shared with the Division of Drug and Alcohol Prevention and Recovery so they could receive ongoing information about the disbursement of Federal State Incentive Grant

funds for the prevention of substance abuse. The requirements of this federal grant, disbursed via the NH Division of Drug and Alcohol Prevention and Recovery, call for a community team to plan local initiatives to prevent substance abuse. An addendum will be provided regarding information about the effort to encourage these community teams

**GOAL: Empower families to be advocates for themselves and their children.**

**The New England Association Of Child Welfare Commissioners And Directors Strategic Planning Process**

Throughout April and May of 2002, the New England Association Of Child Welfare Commissioners And Directors and five of its six member states hosted a scan of their shareholders on a number of communication issues. The purpose of the Scan forums was to for child welfare systems to develop a better sense of the perception of their child welfare systems by the public and community stakeholders, and to use this information as a basis for developing a public education campaign. Participants in these forums included stakeholders involved with the child welfare system, public citizens, and supervisory groups within child welfare systems. Meetings were held in New Hampshire in Manchester and Keene with people from the general public randomly chosen through a phone selection research tool. Interviewers representing the Triad Research Group facilitated these public meetings. Participants were asked to share their ideas about New Hampshire's child welfare system, including points that covered:

- Their sense of what the public found valuable about the child welfare/child protective services system
- Common misperceptions that the groups believed the public has about the child welfare system.
- Common misperceptions that the groups believed the public has about the foster care system.

- The best messages, public service announcements, materials, or events the participants were aware of regarding either the child welfare system or the foster care system.
- What the participants felt are the three key messages that the public needs to understand about:
  - The child welfare system
  - The foster care system
- What the participants considered would be motivators for them to authorize or vote for more funding for the child welfare system.
- Information that would persuade the participants to consider becoming either:
  - foster parents or
  - child welfare caseworkers.

Some comments included lack of awareness of DCYF's prevention efforts, an appreciation of the work accomplished by DCYF field staff, a lack of understanding about how child abuse is defined, and the rights of parents when DCYF intervenes. Additional comments indicated validation of the workload of field staff and the need for greater resources, as well as the need to respond quickly when children are abused or neglected.

These meetings yielded valuable information about the public's perception of child welfare and foster care in New Hampshire, which will be used as DCYF continues to work toward collaborative involvement with family groups throughout the state. Please refer to the appendix for a review of the results of these meetings.

**Objective A:** Collaborate with local family empowerment groups and the statewide Family Empowerment Council to develop a Family's Rights brochure

**Action Step 1:** Collect samples of family rights brochures from other states.

**Target date:** 9/00

**Progress:** See Action Step Below

**Action Step 2:** Establish a workgroup to develop brochure. Recruit parents, state office staff, and district office staff to participate in the workgroup.

**Target date:** 9/00

**Progress:** This goal has been met. The Families Rights Brochure, which addresses issues and questions parents face when involved in DCYF's services, was completed and made available for statewide distribution in 2000. The brochure continues to be a relevant source of information for parents. It is one of the tools offered to parents by New Hampshire Child Protection workers during our first encounters with families. The development of the Family Rights Brochure was largely due to the efforts of the Nashua Family Empowerment Group.

**Objective B:** Expand membership of the Family Empowerment Council to represent all geographic areas of the state.

**Action Step 1:** Work with the Family Empowerment Coordinators to recruit Council members so there is representation from all six areas where the project exists.

**Target date:** 9/01

**Action Step 2:** In those areas where the project does not exist, establish regular communication between the spokesperson for the Council and the DCYF staff in

the local District Office so that parents who are active in their community are referred to the Council.

**Target date: 9/00**

**Objective C: Increase the partnerships between DCYF staff in the district offices and the local Family Empowerment staff**

**Action Step 1:** Schedule regular meetings, at least twice per year, between the DCYF child protection and juvenile services staff and the Family Empowerment Coordinator so that DCYF staff are continually updated and informed about the project.

**Target date: 9/00 Revised Target date, 9/03**

**Action Step 2:** Ensure that the project brochures are available in each of the local District Offices.

**Target date: Ongoing**

**Progress:** With the initiation of the Comprehensive Family Support initiative, funding for the Family Empowerment Project that provided for six Resource Coordinators and a coordinator for the Family Empowerment Council and the six groups was diverted to Comprehensive Family Support. Since DCYF was attempting to best utilize financial resources with very limited funds, there was consensus in DCYF that the funding would best serve specific family needs if those dollars were channeled to community resource centers and other “grassroots” community agencies. Also, since part of the Comprehensive Family Support Initiative involves enhancing the link between DCYF and consumers through DCYF funded community based agencies, it was apparent that the goal of realizing a statewide community forum could be achieved even as Family Empowerment funding was used to meet genuine family needs. The goals of the Family Empowerment Project were incorporated into the goals and responsibilities of the Comprehensive Family Support Services and would represent an expansion of family empowerment coverage into each of the twelve



local DCYF offices. In part because of this decision, the Family Empowerment Council chose not to continue active meetings without a funded facilitator. As a result of these developments, the specific goals concerning enhancing the public link with DCYF will be addressed through the Comprehensive Family Support Initiative.

## B. PERMANENCY

**GOAL:** Decrease the average length-of-stay for children in out-of-home placements and decrease the number of placements experienced by children.

**Objective A:** Effectively assess parental capacity and the family's service needs, and provide those services most likely to alleviate the problems jeopardizing the safety and well-being of their children.



**Action Step 1:** Implement a pilot Reunification Project in one District Office - hire a reunification worker to carry a small case load, work intensively with families for a limited period of time, and ensure that appropriate, effective services are provided to the family while the child is in out-of-home care.

**Target date:** 9/00

**Also, please refer to: Well Being: Objective B:** *Increase support services available to foster parents and adoptive parents to enable them to facilitate maximum connectedness between children and their families*

**Action Step 2:** Increase collaboration between families, foster and adoptive parents during the development and implementation of the Case Plan, the administrative review conferences, and the foster care health project.

**Target date:** Ongoing

**Progress:**

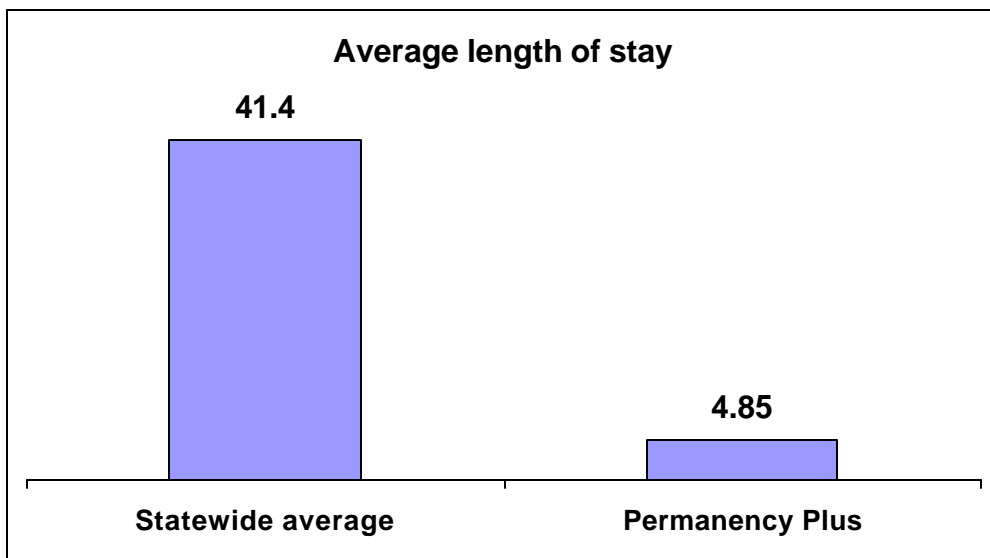
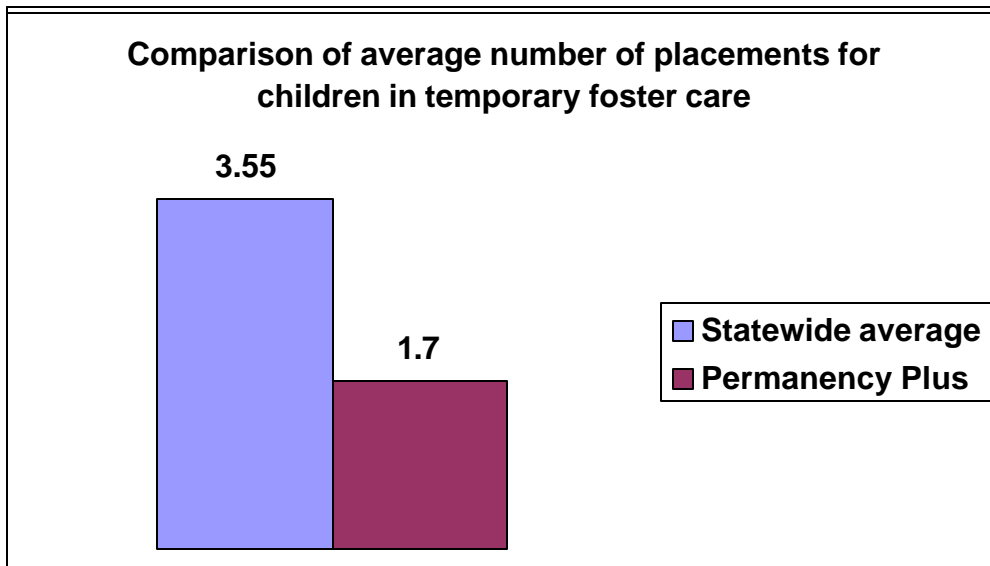
## **PERMANENCY PLUS DEMONSTRATION PROJECT**

In the 2001 CFS Plan reviewed a demonstration project focusing on time-limited family reunification was introduced in the Portsmouth NH area of Rockingham County. The demonstration project, Permanency Plus, is in its second year of operation. The project combines the services of the Familystrength home-based counseling agency, NH Easter Seals, and DCYF to provide a combination of home and community based treatment for families when children are temporarily removed from the home as first time placements because of child abuse/neglect. Resource parents are recruited and trained with the understanding that they will be actively involved with the placement and reunification plan and should reunification not occur, agree to provide a permanent home for children placed with them. Intensive therapy is provided to birth parents. Resource Families and relative placements are supported by a Family Support worker. Placement and treatment planning are family centered. The collaborative partners and the birth parents meet bi-weekly at the home and other locations to discuss progress and any barriers that require resolution. Sixteen months into the program (October 22, 2001), services reported were presented as follows:

- 47 children in 34 families have been served.
- Of these 47 children:
  - Twenty-two children were reunified with their families.
  - Five were placed with relatives.
  - Fifteen children were living in Resource Foster Homes.
  - Three children were in Group Homes.
  - Two were in Pre Adoptive Homes, under the supervision of the DCYF Adoption Unit.
- 47% of children served have reunified with family
- 87% have had two or less placements

- Three children were in care for 12 months. All were in permanent homes with the goal of guardianship by relative or adoption.

Significant initial outcomes for Permanency Plus involve decreases of both the number of placements, and in the average length of stay in temporary care experienced by children involved in the project, as displayed below \*:



\*Note-Statewide averages are derived from Administrative Review data

DCYF's plan for Permanency Plus is to expand the project over the next year to other areas of New Hampshire. One means currently being explored to accomplish this is to apply to U.S. H&HS to incorporate Permanency Plus into a Title IV-E Demonstration Project.

**Action Step 3:** Increase the collaboration between community substance abuse programs and DCYF staff to ensure effective service delivery in substance abuse cases.

**Target date:** Ongoing - Initiated

**Progress:**

**TITLE IV-E SUBSTANCE ABUSE INTERVENTION DEMONSTRATION PROJECT**

This project allows for waived TITLE IV-E funds typically designated to support children in temporary foster care to a secondary prevention effort designed to decrease the amount of time that children will spend in temporary foster care. The designated area for the demonstration project is Hillsboro County, NH. A primary purpose of the project is to improve the ability for accurate risk & safety assessment of children involved in child abuse/neglect assessments and cases, when substance abuse is a factor in the alleged child maltreatment. Also, the ability to access direct substance abuse counseling while awaiting community treatment can serve to improve family wellness and decrease the chances for child maltreatment.

By May 22, 2002, a total of 449 families were involved as eligible participants in the IV-E Project. No additional families will be added to the study from this point forward until the project's expected conclusion in 2004. 227 families are receiving enhanced services that include direct assessment, referral, and

counseling services by Licensed Alcohol & Drug Abuse counselors, who are also certified counselors. Services provided by the counselors include community advocacy for barrier resolution to treatment for people involved with substance abuse. For the second year, a young parents' group will be provided for two months in the Manchester area.

Counselor services also include consultation and collaborative work to serve client needs. The counselors are regular participants in child protection supervision and offer direction on how to better respond to the underlying issues of substance abuse and addiction when formulation child protection safety plans, and Family Service Case Plans.

In the Manchester district Office, which has had the most consistent experience with a counselor since the project began, we are beginning to notice lower recidivism in terms of subsequent reports of suspected child abuse/neglect for the families in the enhanced service group. There is also a higher ratio of founded cases resulting in services to families in this group. A preliminary finding, again involving Manchester, is showing that those children who have gone into placement after being referred through the project group are in care longer. Future reports may indicate whether or not the outcomes of these placements result in more permanent family situations for these children, as compared to children receiving standard services.

Another valuable source of information is provided by DCYF's research partner, the University of New Hampshire Family Research Lab. As the UNH research team continues to maintain follow up interviews with families involved in the project, there is information offering strong evidence of exposure to trauma originating from both within and outside of the household of the families in this

population. This will prove to be a valuable resource for DCYF as we refine our response to families.

**Action Step 4:** In collaboration with the NH Coalition Against Domestic and Sexual Violence, develop, pilot, implement, and standardize a tool to be used in assessing domestic violence in families.

**Target date:** 9/00 - 9/04

**Progress:** By December of 2000, DCYF installed an indicator to identify the existence of domestic violence as a factor in DCYF referrals and assessments in NH BRIDGES. This tool enables the production of reports that specifically address those referrals in which Domestic violence is identified as a factor when: 1) A referral is being documented at DCYF Central Intake, and 2) A report assessed by child protection staff is completed. Identifiers in these two areas can address the following questions:

- How many reports of suspected child abuse/neglect made to DCYF central Intake have information indicating domestic violence as an underlying factor in the suspected abuse/neglect?
- How many completed assessments of alleged child abuse/neglect have domestic violence identified as an underlying factor in the alleged maltreatment?
- How many reports, which did not have domestic violence initially identified at the time of the report, did have domestic violence documented as a factor by the time the assessment was concluded?

Initial analyses of these reports are qualified with the fact that accuracy will improve as focus and training regarding accurate data entry continues. For example, the percent of reports of suspected child abuse/neglect made to DCYF which Central Intake determined to have information indicating domestic

violence as an underlying factor in the suspected abuse/neglect increased from 16% in 2000 to 19% in 2001.

### **DCYF/HHS TRAINING INITIATIVE**

Since January, 2000, DCYF has supported a Department wide training initiative to build consistent awareness and common response from all divisions to people who are affected by domestic violence. The training team includes two full time positions; one with DCYF and the other with the New Hampshire coalition against domestic and Sexual Violence. Since June, 2001, this training team has completed a schedule that included at least one training session for every district Office Child Support and Division of Family Assistance unit. Each training curriculum is adapted to the particular needs of each Division. For example, the training program for the family Assistance unit is geared initially to address the needs of the Division of Family Assistance (DFA) staffs in accordance with the Temporary Assistance to Needy Families (TANF) Family Violence Option (FVO) guidelines, with the goal of establishing consistent screening, identification, and referral procedures of TANF applicants experiencing domestic violence. The training sessions were attended by a 399 employees (without support staff numbers) in 14 different locations. Other training and cross trainings were conducted at the NH Advocacy Conference, the Early Education and Identification Conference and NH Legal Assistance as well as all local crisis centers. Over 231 individuals attended these workshops.

The team has also been a regular resource for training for Child Protection staff, including one full day New Worker Training (CORE) session. The team participates in a Department-wide Family Violence Task Force, a multi Division group that coordinates policy and practice in an effort to insure a common best



practice response to domestic violence and battering. This group was instrumental in developing policy for the H&HS TANF Family Violence Option.

Between 2/20 and 6/13/2002, on site training, coordinated by the domestic violence training initiative, was provided by Dr. Scott Hampton regarding improved safety planning in the context of domestic violence, including a section on Worker safety. Dr. Hampton, coordinator of New Hampshire's Batterer Treatment Network, is a recognized authority on the subject of domestic violence.

The Training team presented on the NH H&HS Family Violence Option at the NH Attorney General's conference on domestic Violence on May 30-31, 2002. Valuable education about access to support available at H&HS was provided to an audience primarily composed of volunteers and employees of community domestic violence crisis centers.

## **THE GREENBOOK PROJECT ON DOMESTIC VIOLENCE**

New Hampshire was one of the six sites national sites selected to implement a collaborative approach to the concern of domestic violence in the home. The Greenbook Project of Grafton County has completed the first year of its three to five year initiative. The federal project is designed to bring together the courts, child protection and domestic violence advocacy groups to improve how they address families experiencing the co-occurrence of domestic violence and child abuse and neglect. A large part of the first year was dedicated to the planning phase. Close to 60 people worked in groups and committees to set cross systems' and individual systems' goals to address the overarching goal of the Project, which is to increase safety for women and children experiencing the co-occurrence of domestic violence and child abuse and neglect. This time also was dedicated to trust-building and the initiation of cross training to create a climate in which systems' change is attainable.



Cross systems' goals include: Increase community groups' knowledge and awareness of domestic violence, child protection and judicial systems; increase interagency collaboration; and increase effective information sharing. The Division of Children, Youth and Families goals' include: Improve assessment for domestic violence; implement separate service plans for victims and batterers emphasizing batterer accountability for responsible parenting; and enhance family centered safety planning. The court system and crisis centers also have set their individual goals.

The Project's local research and evaluation team has gathered baseline information through focus groups, interviews and surveys with child protection

workers, domestic violence advocates, judges and other Project participants. The national evaluation team also has conducted surveys and interviews with stakeholders in Grafton County.

**Action Step 5:** Develop, pilot, implement, and standardize a tool to be used in assessing substance abuse in families.

**Target date:** 9/00 - 9/04

**Progress:** Staff involved in the IV-E demonstration project and the domestic violence project worked with the staff of NH Bridges to make substance abuse and domestic violence indicators mandatory fields on Bridges screens. By adapting our NH Bridges and making these mandatory fields, CPSW's must determine and record these conditions before proceeding to the next screen. Combined with training about the relevance of this information, the accuracy of the recording of substance abuse, domestic violence, and developmental impairment will improve. Identification of substance abuse and domestic violence as underlying issues in circumstances that require DCYF intervention have been incorporated into the Structured Decision Making process.

**Action Step 6:** Determine the feasibility of implementing a pilot project for assessment homes to allow time to match foster homes and services to the needs of the child and family.

**Target date:** 9/04

**Progress:** Discussions about implementing a pilot project for assessment homes began in the fall of 1999 and an RFP for these pilot assessment homes project was drafted. Although this is an area the Division is eager to pursue, it has temporarily been placed on hold until a funding source can be identified. Given the Division's current funding pressures, September of 2004 remains a realistic target date.

**Action Step 7:** Continue to collaborate with the Division of Behavioral Health on the Child Mental Health Initiative to create an infrastructure of community-based services that would allow children to return from out-of-home care.

**Target date:** Ongoing

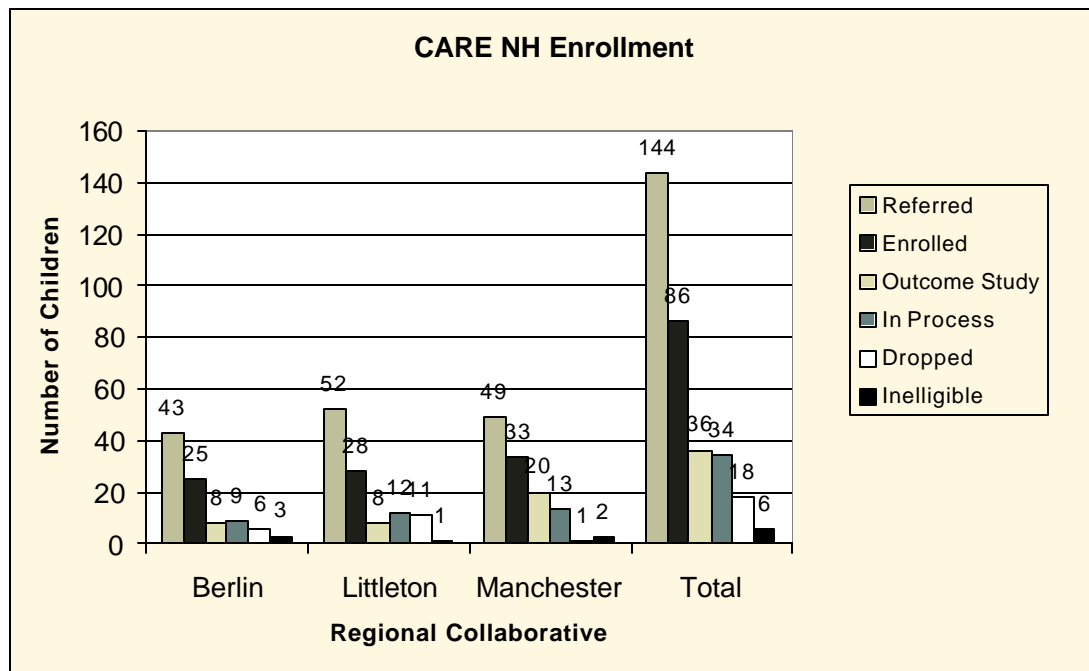
**Progress:**

### **CARE NEW HAMPSHIRE**

The NH Division of Behavioral Health was awarded a system of care change grant (CARE-NH) that promotes collaboration between service providers in developing a flexible service array and infrastructure of community-based services targeted to serving children in their own communities. The agreement between the NH Division of Behavioral Health, the NH Department of Education, the National Alliance of the Mentally Ill-NH and NH Division for Children Youth and Families outlined a process of ongoing communication, joint training and case collaboration to promote a change in the way that services are provided to those children with serious emotional disturbances (SED). Goals for this system change initiative include:

- Developing and sustaining a child and family centered system of care for children with SED
- Increasing service delivery capacity through alignment of community resources and effective collaboration with agencies providing services to SED children
- Improving identification of mental health needs in the child and adolescent population
- Improving the care management coordination for children and their families

The areas in the state identified for this grant are Manchester (urban), and Berlin and Littleton (rural). DCYF line staff participate in the family specific wraparound teams, DCYF Supervisors participate on the Regional Teams, and state level administrators are a part of the interagency state level steering



committee for the initiative. This group, the Children's Care Management Collaborative, is a cross section of those who are involved with services to children on a state level. CCMC team members have the authority to resolve systems issues that interfere with the ability of the family team to provide the needed community services to the family to enable them to stabilize the child in a community placement.

As of March 1, 2002, 144 children from New Hampshire have been referred to the three Regional Collaboratives. Eighty-six of these children have been enrolled in CARE NH. In May, each of the three regions identified 5 children who are placed outside of their communities and have begun to focus on returning those 5 children, currently placed in some of the most intensive facilities, back to their home communities (Please see chart below).

**Explanation of categories**

**Referred** Total referred regardless of action. Does not double count for re-referral

<b>Enrolled</b>	<i>Total enrolled in CARE NH</i>
<b>Outcome Study</b>	<i>Total Informed Consent</i>
<b>In Process</b>	<i>Total in intake process</i>
<b>Dropped</b>	<i>Total dropped before completing intake or otherwise not following through</i>
<b>Ineligible</b>	<i>Total not accepted for CARE NH</i>
<b>Total In System</b>	<i>Enrolled + In Process + Dropped + Ineligible</i>
<b>Note</b>	<i>10 children enrolled in CARE NH services, who are not in the Outcome Study, began to receive services before the CARE NH Outcome Study was in place. Since baseline data could not be collected within the specified 30 days of enrollment in services, their data has been lost to the longitudinal study.</i>

Of the three pilot sites, Manchester has 5 children in out of state placements, Littleton has 2 and Berlin has no children placed outside of the state. Collaboration among those providing care to children in the pilot sites has increased to keep these numbers low. The Berlin site with 25 families currently in the grant program as of 3/22/02, has been able to create individualized placements in conjunction with the community mental health center, developmental disabilities agency, schools and child protection to keep 11 seriously emotionally disturbed children in their community. In Manchester, with 33 families in the grant program, DCFY staff reported that in the past year and a half, six very difficult to place children with SED in the CPS system have been kept in their community as a result of this process.

The Littleton/Lancaster/Woodsville site has 28 families in the grant program. Two of the Littleton Regional team members, a Special Education Director and the Program Director, have continued to work on a federal grant regarding domestic violence. That grant group has recently presented a statewide conference to raise awareness about Domestic Violence initiatives.

The work in the regions is driven by the core values of the system of care. That is to provide services that are cultural competent, family centered and family driven, and community based. A consultant has been hired to work with each of the regions to provide training and support to insure that cultural competence is woven throughout the process of service provision to families.

An objective for the coming year is to develop a Memorandum of Understanding between the Division of Behavioral Health, the Division for Children Youth and Families, the newly formed Division of Juvenile Justice Services, and the Department of Education to insure continuation of the system of care.

Another objective of the system change effort for the next year is to create a budgeting framework among the partners that will insure the change effort continues once the grant ends in 2005.

In addition to this ongoing initiative, DCYF has developed a Clinical Services Unit to address the health and mental health needs of children within its care. This unit includes the Foster Care Health Program, which provides nurses to each of the District offices to insure the health needs of children in foster care are met. A newly hired Senior Psychiatric Social Worker coordinates with the New Hampshire Hospital's children's unit to insure that community based discharge planning occurs for those children placed there and that these children do not remain hospitalized longer than needed because of resource and treatment issues. This individual also serves as a consultant to the field when children who have complicated mental health issues are identified.

The three education specialists are a part of the clinical unit and serve to monitor the provision of educational services to children in placement who have been identified as needing special education services. Part of their role is to liaison with the field staff and special education departments in local school to insure that children needing special educational services are appropriately identified and served.

Through this unit, clinical supervision is provided to the domestic violence grants, the intensive reunification grant, and the substance abuse grant.

The DCYF clinical services unit is involved with planning a statewide conference in October with the Department of Education, the Division of Behavioral Health, and NAMI-NH to promote Positive Behavioral Supports and Interventions in school systems throughout the state. The clinical unit will also be reinstating a process for ongoing clinical case review for difficult placement situations.

**Objective B: Conduct earlier, more frequent, and more meaningful reviews for children in out-of-home care.**

**Action Step 1:** Implement an improved administrative case review system to evaluate case progress in achieving the outcomes of safety, permanency, and well-being for children in out-of-home care and to facilitate more timely, permanent case resolutions.

**Target date: 9/00**

**Progress:** The contract with Easter Seals to coordinate Administrative reviews has been proceeding successfully. The reviewers met with DCYF Quality Improvement and Bridges staff and together revised and added Bridges screens that would better reflect the types of information needed to monitor, improve and report on case planning and case progress as well as to assure regulatory compliance. The improvements in the Bridges system were released in May 2002.

Monthly reports are produced that identify the cases that are due for foster care administrative reviews, that are overdue for reviews and children and adolescents that have recently been placed in out-home-care that will be due for future reviews. As a follow-up, the Quality Improvement analyst provides monthly summary reports for both DCYF and DIJS cases that provide data on



the numbers of reviews completed and whether or not parents and children attended among other information.

The reviewers report that in order to ensure timeliness of reviews, to accommodate parents, providers and DCYF staff and to eliminate duplicative activities, they have tried to be flexible by scheduling foster care administrative reviews to coincide with residential treatment planning meetings whenever possible. One of the biggest challenges that remains is to plan foster care administrative case reviews so that they occur prior to the six, twelve and eighteen-month , etc., court hearings so that the courts have the best information possible about the status of the child and family's Case Plan and their progress or lack thereof regarding the Case Plan's safety, permanency and well-being goals.

**Action Step 2:** Train DCYF staff and third party reviewers regarding best practices in case reviews.

**Target date:** 9/00

**Progress:** The National Association of Foster Care Reviewers visited NH on October 28<sup>th</sup> and 29<sup>th</sup> of 1999 to conduct an on-site evaluation of the DCYF foster care review system and to provide a follow-up report. Based on that feedback New Hampshire developed its own specific review curriculum. On December 15, 16 and 17<sup>th</sup>, 1999 new contract staff received an intensive program and systems training, and were provided with training packets. District Office supervisors were informed of the first wave of changes to the review process at the December 1999 and January 2000 Leadership meetings. Next, DCYF's Quality Improvement Administrator and the Contractor's Program Supervisor began on-site trainings and quality assurance sessions at each of the District Offices. The first of these sessions took place in Manchester on June 21, 2000. Future trainings will be identified as the program is enhanced and additional

training needs become identified. This has been incorporated into the new CPSW and JPP training and foster care training.

Concurrent with the training on the new case review system, extensive trainings have also been held on case plans.

**Action Step 3:** Develop and fully implement regional Permanency Planning Teams to review the case plans and concurrent plans of children in care every six months.

**Target date:** 9/00

**Progress:** This goal has been met. Four Permanency Planning Teams have been established covering all of the twelve District Offices. The teams are charged with reviewing cases for permanency and making recommendations for service needs to achieve permanency. Although not done with a formal tool, concurrent planning is critical focus of the meetings. The teams continue to meet every four to six weeks and are composed of District Office Supervisors and the CPSW's responsible for the cases being discussed. Records of the meeting are kept, including the cases discussed and any recommendations made by the team.

**Action Step 4:** Strengthen the relationship with the courts and coordinate court hearings and administrative reviews.

**Target date:** Ongoing

**Progress:** Work continues via the Court Improvement Project (CIP) to address the federal requirements for permanency hearings, Terminations of Parental Rights (TPRs), and foster parent notices. The scheduling of court hearings and administrative reviews has been discussed and the Division, for now, will continue to hold its administrative hearings every six months. The CIP felt it was necessary for the Court to review child protection cases after 90 days to be sure the Court's orders and services were being provided as planned. The CIP

implemented its draft protocols statewide in September of 2000 after training had been provided. The protocols will be monitored for a year and then revisions will be made as needed. The CIP facilitates regular discussion sessions between district court judges and DCYF staff to review the implementation of the protocols.

**Objective C: When children cannot be reunified with their parents, facilitate the rapid achievement of an alternative permanent plan.**

**Action Step 1:** Develop and implement enhanced policy and standards for relative/kinship care.

**Target date: 9/02**

**Progress:** Training for new social worker staff is offered four times a year by SDU entitled Permanency Options. The trainers present topics that include, Permanency, Current Planning, Kinship Care, Guardianship, and Adoption. Kinship care policy is highlighted for new staff.

**Action Step 2:** Develop a strategy for providing more targeted support services to relative/kinship caregivers.

**Target date: 9/03**

**Progress:** The target date of September 2003 continues to remain realistic for this initiative. The Permanency Plus Project (funded through PSSF) at the Portsmouth DCYF Office is providing important data regarding the placement of children with relatives and special service needs. In a six-month period, 27% of the children were reunited with a parent and 45% were placed with relatives. The initial information indicates that family placement is a realistic resource for children requiring placement but there are special considerations. The data provides a correlation among the intensity and frequency of service delivery

including visitation with parents, early location of relative resources, and the length of stay in foster care.

**Action Step 3:** Institute the development of a concurrent plan for every child in placement using a standardized concurrent planning tool.

**Target date:** 9/00

**Progress:** The case plan released in July of 1999 has been a resource in all district offices. The plan meets ASFA requirements requiring CPSW's to identify permanency and concurrent plans for every child in care with input from the parents. It also requires that once the concurrent plan is identified, status reports be continually recorded regarding the progress in finalizing the plan. As of June 2002, all but three district offices indicate that the plan is either used as a direct reference for Court reviews, or is the primary reporting tool used by DCYF for those reviews.

Between 1999 and December 2001, efforts were conducted to review the effectiveness of the Case Plan and improve it. In May, 2001, formal review of a revised plan was initiated, resulting in a formal draft expected to be launched in October 2002. The revised plan [see appendix] includes the following improvements:

- Ensures greater family participation and agreement in the case planning process.
- Clarifies goals and objectives for family safety, well being, and permanency.
- Outlines responsibilities of all individuals who are involved with the family.
- Improves the family's understanding of meeting the Plan's goals & objectives,
- Serves as the Court report.

- Integrates structured Decision Making data from child protection cases.

**Action Step 4:** Partner with the Judiciary to ensure that all parties are informed, and working toward permanency from the time of the first court hearing.

**Target date:** 9/00

**Progress:** DCYF continues to participate in the Court Improvement Project develop and implement court and agency protocols that incorporate both the ASFA and NH State Laws into a comprehensive process for reducing the amount of court time spent processing cases. Together DCYF and the CIP have identified the critical information needed by the courts for decision-making and have provided ongoing training to both Division staff and other service providers regarding ASFA requirements. Efforts continue in the areas of documentation of the “reasonable efforts” requirements and giving notice to foster parents about the right to be heard.

**Action Step 5:** Expand the Adult Living Preparation Process of the Independent Living Program to include a connection with the business community and adult employment advocate mentors.

**Target date:** 9/00

**Progress:** This goal has been met. The Independent Living Program has begun to connect to the business community and local employers via the Oasis Community Center in Manchester, NH, through the Beacon Hill Project. The Independent Living Program staff and Beacon Hill staff bring youth together on common interest projects that are intended to enhance their involvement with the local community. These activities give youth a chance to meet local tradesmen and employers while connecting them to apprenticeships and work opportunities. See the Independent Living Plan in Section III of this report for further details.

**Objective D: Aggressively recruit foster parents to allow greater flexibility in matching children and families with foster families.**

**Action Step 1:** Provide increased competency-based training and education for foster parents including training on the expanded role of foster parents in achieving permanency for children.

**Target date: 9/00 - 9/04**

**Progress:** As a result of an expanded contract with the College for Lifelong Learning (CLL) a number of additional staff have been hired to expand the training offered to foster parents. The number of *Foundations of Fostering* classes offered in each District Office has grown to 30 series courses with increased access to all areas of the state. Additionally, distance learning including video based and computers based classes, have been offered and are well received by providers who can participate in classes at their leisure. With the increase in staff resulting from the expanded contract, a staff person was hired with sole responsibility for managing and scheduling the *Foundations for Fostering* trainings statewide. The current CLL contract calls for Foundations for Fostering being offered in each of the twelve offices twice, and an additional 6 floating series to provide accessibility to more applicants for foster family care. For the 3 semesters of FY 2002, there have been 96 classes run involving 299 applicants, and two DCYF staff. The average class size was 11 participants.

The CLL Education and Training Partnership also conducts Caregiver On-Going Training (COT) for licensed foster families. For the 3 semesters of FY2002, there have been 79 classes run involving 280 foster parents, 15 adoptive parents, 8 private agency staff, 12 DCYF staff, and 120 residential providers. The average class size was 8.7 participants.

Making the Transition from Fostering to Adoption is a course offered through CLL this year to provide an overview of adoption, systemic issues related to the adoptive process, transitional issues affecting both foster parents and children, pre and post adoption considerations and self and family assessments. Foster parents become aware of resources that are available to help them both during and after the transition.

**Action Step 2:** Increase the diversity of membership on recruitment teams in each district office to enhance the ability to recruit a wide array of foster parents.

**Target date:** 9/00

**Progress:** During the summer of 2001, the contractor, the foster care specialist and another DCYF foster care worker were assigned to state office will meet with each team and ascertain further training or technical assistance needs. The third quarter of each planning year is the pivotal time for assessment of goals and to begin to plan for the team development. Team membership and participation in recruitment and retention planning continues to be a priority for the Division. The Recruitment and Retention contractor will continue to assist the DCYF foster care staff in marshalling team resources that will contribute to increased diversity of membership and participation.

**Action Step 3:** Explore the feasibility of increasing the foster care payment rate to the USDA standard.

**Target date:** 9/02

**Progress:** The Division worked with the NH Legislature to draft a bill that would raise the foster care rates to the levels in the USDA "Expenditures on Children and Families Annual Report" for the mid-level, annual cost of living release. While this bill was determined inexpedient to legislate, the Division has drafted rules for Foster Family Care Rate setting which includes a methodology for calculating the rates paid to foster parents based on a percentage of the USDA

rates. General providers currently receive approximately 67% of the rate. Under the new methodology they would receive 75% of the USDA rate. Specialized Foster Parents would receive 105% of the USDA rate.

**Objective E: Enhance the quality of service-delivery at NH residential facilities.**

**Action Step 1:** Increase the number of residential providers which are contracted to provide service, rather than vendored, to provide better control over the quality of service delivery. Ensure all contracts are based on delivering proven effective services.

**Target date: 9/03**

**Progress:** Contracts and certifications in 2001 resulted in the authorization for 1,325 foster care beds, 83 emergency beds, 291 respite beds, and 198 child specific beds. Information on Shelter care contracts will be provided in an addendum to this report.

**Action Step 2:** Establish defined outcome measures for each level of contracted residential service.

**Target date: 9/02**

**Action Step 3:** Consider implementation of determinant lengths-of-stay for the various levels of residential care.

**Target Date: 9/04**

**Progress:** A workgroup was established in Jun, 2002 for the purpose of establishing a review process for residential placements and develop a procedure for determining length of stay. Integration of performance goals into Residential certification outcome measures were developed. These will be adopted into residential policies.



**Progress:** Lengths of stay are presently dependent on goal specific timelines, based on a child's particular needs. The first step in implementing determinant lengths of stay in residential care has been initiated. Every Individualized Service Option (ISO) developed, which allows for a more flexible array of services to be tailored specifically to a child's needs, is now time-specific. Over time DCYF will implement determinant lengths-of- stay with other residential services.

**GOAL: Increase the number and diversity of available adoptive families to respond to the increased number of children with special needs needing adoptive families.**

**Objective A: Implement a comprehensive, on-going recruitment plan to maintain a steady number of adoptive families.**

**Action Step 1:** Increase awareness of DCYF adoption services by implementing a broad recruitment strategy including newspaper articles, public service announcements, and increased adoption information on the NH DHHS website.

**Target date: 9/00**

**Progress:** The adoption recruitment campaign began immediately after the five-year plan was approved and progress in this area continues. DCYF lists information about children available for adoption with the Open Door Society. This photo listing is now updated each quarter with NH children waiting to be adopted.

Each year now, the Governor makes a proclamation recognizing November as National Adoption Month and adoptive families are honored at this event. DCYF has produced public service announcements regarding adoption and a brochure and poster have been developed and distributed statewide to various

agencies and churches. The consultant is developing a website regarding DCYF adoption services which contains information such as contact people, phone numbers, resources, and children waiting to be adopted. In 2002 the adoption website will be implemented. The original timetable for the website was delayed as a result of the entire agency becoming involved in a redesign of the agency wide website.

DCYF has become involved with the National Council on Adoptable Children yearly poster project. Each year all fifty states have an opportunity to feature a photo listing of a special needs child on a poster that is released nationally. DCYF participated in 2000 and 2001 and will continue in the future.

In 2000 DCYF held a specialized recruitment event to bring families who had previously adopted together to learn about children needing homes and to learn about the procedure for adopting again. A similar event will be held in 2002. As a result of the sustained recruitment plan, in 2002 the two scheduled adoption training classes were filled to capacity and a third training class was added to accommodate interested families. DCYF is currently working with the College for Lifelong Learning to develop their capacity to offer adoption training. Following a model that has been successful with New Hampshire Foster Care Training, the relationship with College for Lifelong Learning will increase the number of adoptive parents that can be trained annually and will also make it possible to offer adoption training in different regions of the state.

DCYF has begun reviewing its adoption inquiry process to develop better ways to track inquiries and to provide more information about children's special needs earlier in the process. During 2003 DCYF will begin more comprehensive tracking of the sources and region of inquiries and will revamp its inquiry meetings to make it more relevant to the needs of the children who need families.

**Action Step 2:** Maintain regular contact with parents, adoption groups, and adoption agencies to create an ongoing publicity effort among these groups.

**Target date:** 9/00

**Progress:** Collaboration with the various groups involved in adoption related issues in NH has begun on a number of fronts. The Adoption Supervisor attends regular monthly meetings with all the Directors of adoption agencies in the state. This group worked to come to an agreement that all adoptive families in New Hampshire should obtain pre-adoptive training. The group worked together to develop a twelve-hour training program for pre adoptive families. Several of the participating child placing agencies now offer the training program on a regular basis so that all families in New Hampshire have access to the training. Attendance at the training has become part of the requirements delineated in the rules for child placing agencies' home studies in New Hampshire. DCYF presented a workshop at the annual conference of the Open Door Society. This is an annual activity for DCYF.

In 2001 the DCYF Adoption Supervisor worked with the agency's Director to develop a educational forum for state legislators. The forum helped legislators to understand current adoption practices and issues in the State.

In 2002 The NH Administrative Office of the Courts requested that the DCYF Adoption Program staff provide information in a daylong training for all of the State's Probate Judges involved with adoption. The goal of the training was to raise judicial awareness and sensitivity to psychosocial issues of adoption from the perspective of birth parents, adoptive parents, and adoptive children. The training, adoption issues & sensitivity—a view from the other side occurred November 29, 2001

**Action Step 3:** Identify all sources for specialized recruitment including the use of cross-jurisdictional resources.

**Target date:** 9/00

**Progress:** DCYF has integrated information about adoption services and

**Welcome to the Adoption Program**

Most children who are placed in foster care by the Division for Children, Youth, and Families return to their families. However, there are some children who cannot be safely reunited with their parents and who need an alternative permanent plan. Relatives or their foster parents adopt many of these children but some need permanent adoptive homes

With other families or individuals. Most of the children needing adoptive homes are school aged and have special needs.

The DCYF Adoption Program provides the following adoption services:

- Assessment and planning for the needs of children who need an adoptive home;
- Supervision of adoptive placements made by DCYF;
- Pre and post adoption services for adoptive families including support groups, information and referral services and administration of the Adoption Subsidy program;



resources as a “minisite” in a comprehensive DCYF website. The draft format displayed is expected to be included in the system’s launch in mid July 2002.

In the website, there will be a link to ***adoptuskids.org***, a national adoption resource coordinated under U.S.H&HS, Children’s Bureau. The minisite will include post adoption search information.

A guidebook for using cross-jurisdictional resources, was

completed by March, 2002. Instead of a booklet, the resource was redesigned as a packet containing resource information, including requirements of various agencies when registering kids out of state as well as resources to be used for specific needs and when to use them.

**Action Step 4:** Develop recruitment kits for all adoption workers and research specialized recruitment efforts used in other areas of the country.

**Target date:** 9/00

**Progress:** Recruitment kits for the adoption workers were developed and distributed. These kits contain listings of out-of-state exchanges and step-by step instructions for listing children and getting suitable photographs. In 2001 and 2002 DCYF will focus on specialized recruitment for children who are coming

from therapeutic or residential care. In June of 2002, DCYF purchased a digital camera for use in recruitment of adoptive families.

**Objective B: Develop and implement a pilot project to recruit flexible foster/adoptive resources for children.**

**Action Step 1:** Research successful foster/adoptive models implemented in other states.

**Target date: 9/00**

**Progress:** The Child Welfare Advisory Board along with the Foster Care Specialist and the Adoption Supervisor researched various models for foster/adoptive resource models. Aspects of the Permanency Plus time-limited family reunification pilot project were reviewed and the recruitment and training of flexible foster/adoptive resources for children were included in the project. The Request for Proposal was issued in December of 1999. The pilot project was implemented beginning in 2000.

DCYF Adoption Unit has integrated a component on legal risk placement and concurrent planning into its training for prospective adoptive parents. This allows families to understand the options and to determine if they would be interested in becoming a foster/adoptive home.

**Action Step 2:** Develop a foster/adoptive family assessment tool.

**Target date: 9/00**

**Progress:** The Family Assessment Tool and Guide were released as policy in October, 2000. A second training was held on May 4, 2001 with consultant Liz Sparks who reviewed the tool and sample studies that were conducted using the new guide. Foster care and adoption staff from DCYF and several child-placing agencies participated in the training. Studies are subsequently more in depth

and families are not required to complete another home study process to cross over into the adoption arena. A new class offering has been added to the CLL Education and Training Partnership entitled *Making the Transition from Fostering to Adoption* and is offered a minimum of three times per year in targeted geographic areas.

**Action Step 3:** Coordinate recruitment, training, and assessment processes across the Adoption and Foster Care programs.

**Target date:** 9/00 - 9/04

**Progress:** In 2002 identified a part-time staff CPSW position to conduct ongoing coordinated recruitment efforts for special needs children. Also, during 2002, DCYF developed individual contracts with Casey Family Services to do specialized recruitment for specific children with complex needs who will be moving from residential care to adoption.

The Adoption and Foster Care programs jointly developed the new foster/adoptive family assessment tool. The two programs also conduct joint training and recruitment strategies through implementation of the time-limited family reunification pilot project.

**Action Step 4:** Convene adoption social workers, foster care licensing workers, program specialists, DCYF leadership, and private adoption agency representatives to develop common guidelines and to assure that foster and adoptive families are effectively screened and adequately prepared to fulfill the role of flexible foster/adoptive families.

**Target date:** 9/00 - 9/03

**Progress:** Two meetings were convened with Social Workers; Foster Care Licensing Workers; Program Specialists; DCYF leadership; foster and adoptive parents; and private adoption agency representatives to prioritize assessment

and training issues. DCYF and the College for Lifelong Learning worked collaboratively to develop foster/adoptive family training to reflect these prioritized issues. College for Lifelong Learning developed the curriculum and has offered it twice through its regular course offerings, with the next session scheduled in August 2002.

**Action Step 5:** Develop policies, a training model, and support services to assure successful full-scale implementation of flexible foster/adoptive family resources.

**Target date:** 9/04

**Progress:** This action step has a target date of September 2004 however the initial groundwork is being laid now for completion of the task. As stated earlier the flexible foster/adoptive family resources project was combined with the time-limited family reunification project. The Contract for Permanency Plus was approved in May of 2000 and work began. The contract will be renewed with the initial contractor, thus providing important data towards the implementation of this action step. The initial outcomes indicate families are willing to consider the dual role of foster/adoption and respond to and appreciate the frequent social worker contact and support. The initial information is limited as a majority of the children were placed with relatives and the children were returned home within the designated time frame. Training specific to this project became a combination of required core foster parent training, one to one training with the Family Support Worker and extra classes hours.

Since January of 2000, a steering committee has been meeting consisting of the DCYF Supervisor from the pilot project catchment area, staff of the adoption and foster care units in that area, DCYF state office staff, and key staff of the Contract Agency involved in the pilot project. This group has met regularly to discuss the protocols of the project and will continue to meet throughout the life of the project to evaluate strengths and weaknesses. Throughout the course of the

project the group will refine the most effective strategies, policies, and training regarding both time-limited family reunification and flexible family resources.

**Objective C: Increase the availability of therapeutic adoptive homes for hard-to-place children.**

**Action Step 1:** Research existing providers of therapeutic adoptive homes using cross-jurisdictional resources.

**Target date: 9/00**

**Progress:** Discussions have been held with Downeside, an agency providing therapeutic adoptive homes in New England and New York. In April, 2001, a representative from Downeside provided Adoption Staff with a presentation. In July 2002, a meeting will be convened by Downeside New York with the DCYF Adoption staff and representatives of the New England Downeside agencies to discuss how Downeside can be a resource for DCYF, and how DCYF can address interjurisdictional barriers to accessing adoption resources such as those offered by Downeside.

**Action Step 2:** Certify or contract with a selected list of therapeutic adoptive care providers to provide therapeutic homes to NH children.

**Target date: 9/00 - 9/03**

**Progress:** DCYF has worked with Casey Family Services in a number of cases to provide therapeutic adoptive services for children who are in DCYF homes. DCYF has worked with Lutheran Social Services and worked together with three of their therapeutic families to provide permanent placement for children. Two more children in this program are awaiting adoption with their therapeutic families.

In 2002 DCYF successfully worked with Easter Seals to develop Individual Service Options (ISO) for children with therapeutic needs. This effort resulted in an array of services including case management, twenty-four hour on-call



assistance, crisis intervention, support groups and respite care, that enabled adoptive families to provide homes for children with complex therapeutic needs while keeping the child in the community. This option will continue to be used as a resource for children with special needs.

**GOAL: Increase the permanency and success of adoptive families by increasing the availability of post-adoption services.**

**Objective A: Develop and replicate a model for community-based, post-adoption services in NH.**

**Action Step 1:** Continue collaborative project with non-profit child placing agencies in one community to develop a model for community-based, post-adoption services.

**Target date: Ongoing**

**Progress:** This was a two-year project involving Casey Family Services as the Contractor. The initiative involved training for therapists, school personnel and other professionals in the community who work with adoptive families experiencing attachment and other adoption related issues. The first year focused on providing the training program to Milford; the second year involved Portsmouth.

**Action Step 2:** Select communities throughout the state for replication of post-adoption services.

**Target date: 9/00**

**Progress:** Portsmouth has been selected as the next site for replication. Casey Family Services has begun to replicate the model developed in Milford in the Portsmouth area. DCYF is no longer contracting with Casey Family Services. Casey Family Services is implementing the replication with funds from other sources.

**Action Step 3:** Contract with a consultant to provide training and consultation to adoption staff and to develop a strategy for reducing the waiting list for post-adoption services.

**Target date:** 9/00 - 9/03

**Progress:** A consultant began working with DCYF in October of 1999 fifteen hours per week to screen and prioritize all of the adoption search cases coming into the adoption unit. The consultant also does some initial background research for each case relieving some of the workload for the adoption workers who complete the searches. As a result of this initiative, the waiting list for individuals requesting post adoption searches has been reduced, from 6-9 months to 2-3 months.

A part time CPSW position has also been established to focus on the post adoption search caseload. This has helped to reduce the waiting time and has allowed other Adoption CPSW's to focus on their placement caseloads.

DCYF has been working on ways to disseminate more information about post adoption search services to assist those seeking services to find and use services. In 2002 DCYF developed a brochure that outlines DCYF search services and lists other search resources. The brochure, entitled *Adoption Search Services* will be printed in 2003 and will be included in Adobe format on the DCYF adoption website. [see appendix insert].

**New.....Objective B:** Establish a mechanism for ongoing communication with the adoption community in New Hampshire.

**Action Step 1:** Develop an Adoption Advisory Committee with representatives from all perspectives of adoption to promote adoption awareness, recruitment, and legislative advocacy in the State of New Hampshire.

Target Date: 9/03

Progress: In 2002 DCYF collaborated with Casey Family Services to convene the Adoption Advisory Committee. Representatives, including adoptive families, birth parents, adopted persons, adoption professionals, and legal professionals were recruited and the first Advisory meeting was held in November 2001. The meetings are held quarterly.

## C. WELL-BEING

**GOAL:** Collaborate with families in achieving the maximum connectedness with their children when out-of-home care is necessary.

**Objective A:** Engage parents early in the permanency planning process through concurrent planning and participation in permanency decisions.

**Action Step 1:** Develop and implement a concurrent planning process.

**Target date:** 9/01

**Progress:** This goal has been met. As stated previously, a concurrent plan is now a required part of every child's case plan.



**Action Step 2:** Ensure that all parents participate in the development of concurrent plans, administrative reviews, and that they are fully informed about recommendations for court hearings.

**Target date:** Ongoing

**Progress:** By May, 2001. Throughout the last year the focus on the new administrative review process and the trainings provided on case planning has emphasized the need to have parents participating in their children's case plans from the very beginning and attending regular administrative reviews. Easter Seals provides the Bureau of Quality Improvement (BQI) with monthly data on the percentage of parents who participate in Administrative Reviews as a way to

track our progress toward this goal. The importance of parent's involvement has also been emphasized in the Family Services brochure already released, and the Families Right brochure, which will be released this summer. Another means by which DCYF is achieving this action step is through the efforts underway to locate absent parents. DCYF staff has access to the Parent Locator system by DCYF has also developed a more effective search mechanism via the credit bureaus. Finally, all DCYF staff attorneys are charged with reviewing every petition to ensure absent parents are located and noticed at the initial court hearing.

**Action Step 3:** Develop a strategy with parent aides and other providers to ensure that parents are provided instruction and skill building opportunities aimed at maximizing the effectiveness of visits between them and their children.

**Target date:** Ongoing

**Progress:** After several brainstorming sessions it was determined that DCYF would organize a series of meetings with parent aides to identify their staff training needs. With the resources of the DCYF Staff Development Unit, trainings could be held to specifically address the needs of the parent aides. These meetings were put on hold however, until some training money could be identified to use specifically for this purpose.

**Action Step 4:** Continue to strengthen and support the family-centered services delivered at NH residential facilities through monitoring, technical assistance, enforcement of rules and consumer surveys.

**Target date:** Ongoing

**Progress:** Since July 1, 2000 two residential facilities have received training on family-centered practices and thirty-three quality assurance/technical assistance visits were made as means of enforcing rules and DCYF mandates.

**Objective B: Increase support services available to foster parents and adoptive parents to enable them to facilitate maximum connectedness between children and their families**

**Action Step 1:** Ensure that our foster homes are culturally representative of the population DCYF serves through the implementation of local recruitment and retention plans for each District Office.

**Target date: Ongoing**

**Progress:** DCYF continues to respond to the individualized needs of families by encouraging foster parents to participate in training geared to understanding family differences. *Building and Maintaining Relationships with Families; Working with Primary Families, Conversational Sign Language, Espanol and Mas Espanol* are among the offerings to licensed families.

Recruitment Plans for each office include a needs assessment and targeted recruitment activities that will draw families to fostering who represent the culture and ethnicity of the children served.

**Action Step 2:** Increase collaboration between families, foster and adoptive parents during the development and implementation of the Case Plan, the administrative review conferences, and the foster care health project.

**Target date: Ongoing**

**Progress:** The Permanency Plus time-limited family reunification pilot project will focus attention on the importance of birth, foster and adoptive families collaborating during the development and implementation of the case plan. To achieve success in returning children to their families within the six-month time frame allowed by the project, it will be critical for the foster and birth families to work as a team in achieving the case plan. The training curriculum developed for this project will address this issue at length. Foster/resource families

involved in the project will be expected to attend regular case planning meetings with the birth families and play a mentoring role with the parents of the child in care.

The Foster Care Health Program establishes medical care coordination between the foster parents and the birth parents by involving all parties in the health care plan for each child and a health care planning meeting. The Foster Care Health Program nurse helps set up the comprehensive health exams and foster parents are responsible for taking the child to the medical provider appointments. The nurses send an initial letter to birth parents introducing themselves and include any forms to be completed by the parents such as; the Child Information Sheet, or Medical Authorizations in the event that these were not completed at the time of removal. The nurses also are responsible for sending notice to the birth parents of the time, date and place of the comprehensive health exam and asking the parents to be active participants decisions regarding their child's health care needs. They are asked to attend with foster parents all of their child's medical appointments and meetings.

**GOAL: Ensure that children in DCYF custody have their social, educational, mental, and physical health needs met.**

**Objective A: Ensure that the education and health needs of foster children are assessed and that appropriate treatment and monitoring are provided.**

**Action Step 1:** Fully implement the Foster Care Health Program in all areas of the state so that medical care is readily accessible to all children in out-of-home placement.

**Target date: 9/00**

**Progress:** The Foster Care Health Program has been operating as a DCYF program since the summer of 1999. Currently, nine nurses cover New Hampshire Health & Human Services' twelve district offices. A full-time Supervisor oversees the activities of the nurses and a full-time Program Specialist oversees the operation of the statewide program. In each office the nurse represents the child in care in all aspects of their health care and is responsible for insuring that every newly placed child in care has a comprehensive medical plan.

During the period January 2001-December 2001 8 Nurse Coordinators were involved in 363 cases (The position for Nashua/Salem has been vacant during this time period). In January 2002, an additional Nurse Coordinator position was approved. The Claremont District Office nurse became full time and the part time position that was in Claremont was added to Manchester to equal 1.5 Nurse Coordinator positions. There are no CWLA caseload standards for nurses working in a child protection agency. Based on data from 2001, the supervisor and representative from DCYF's Bureau of Quality Improvement, it was determined that at least 9 additional staff nurses are needed to meet the needs presented by current workloads. A justification plan for these additional positions has been presented to DCYF administration.

During 2001 an Access database was set up to capture and track medical information for children in care. This database has been very helpful in comparing placement data as well as medical diagnoses and medication for children at placement as well as throughout their time in care. It has become a tool to track all health care while the child is in placement and compare the child at placement, during placement and upon transition to a permanent home

DCYF continues to partner with Casey Family Services and the Institute for Healthcare Improvement (IHI) in a training initiative launched in June, 2001.



The focus of the program is to improve the health care of New Hampshire children in foster care. While the initial plan involved three two day learning sessions to be conducted over nine months titled *Improving Health Care for Children in Foster Care Breakthrough Series*, Casey Family services was able to extend the program to twelve months. Also included in this learning are conference calls twice a month on particular related topics. Every team and the faculty are participants. The partnership targets its efforts to implement systemic changes in the accessibility, delivery, coordination and supervision of health care services, including mental health, for children in foster care. NH's specific goals for this series are to:

- Explore ways to expand data collection, access to medical and dental providers,
- Identify outcome measures and tools,
- Make accurate presentation and transition of medical needs to caregivers,
- Explore staffing patterns of the DCYF nursing, CPSW and JPPO staff, and
- Improve the outreach and training to those providers working with children in placement.

The New Hampshire Foster Care Health Program was 1 of 8 teams that participated in the collaborative (New Hampshire's was one of 8 state teams that were chosen from 18 who applied). Representatives from New Hampshire attended the 3 learning sessions as part of the IHI collaborative, September, November and April 2002. Included as part of the team were Child Protection Administrator, Foster Care Health Program Supervisor, a foster parent, a representative from the Community Mental Health System and a pediatrician. The timeframe for this work was changed from 9 to 12 months to allow more follow up on the work plans and goals that each team had set up. The IHI/Casey relationship with the teams will end September 11, 2002. The work on goals and program changes will continue on an individual team basis. . Manchester had been set up as the pilot site for this work. All systemic changes

and data collection have in the pilot site. Procedures involving these changes and data collection have just been started in other district offices. The work of this Core Team as well as the extended workgroup, which is made up of various individuals from other DCYF units and outside agencies, has continued to work to make change that is necessary to implement successes in improvement in access, delivery, coordination, and supervision of health care services, identify outcome measures and tools that will benefit us in making the changes we have set up. Some of the measures we have tracked since September 2001 are health care exams, which should be done within 30 days of placement. Manchester has been able to achieve a 90% compliance with this. Some of the barriers that prevent this are provider scheduled, foster parent schedules, and appointments that need to be rescheduled.

Dental health services still are difficult to arrange for children on Medicaid. Through meetings and discussions with the Medicaid Administration and Oral Health Unit we are exploring ways to increase access for this service for children in out of home care. Children in Manchester have been scheduled with the Dental Clinic at CMC and the Manchester Health Department Dental van, which has made visits to the district office. In the pilot site we are in the process of co-locating a worker from Manchester Community Mental Health Center in the district office to do behavioral/mental health assessments on children who come into the foster care system. This process will greatly help evaluate each child so that timely services could be put in place to assist the child, family and foster family.

Education and communication are keys to implementing any change. Nurse Coordinators are routinely scheduled to do presentations at Foundations for Fostering for future foster parents. They are also included in the DCYF orientation for new workers. Information about the Foster Care Health Program

and the health care needs of children in out of home placement are presented. Periodically throughout the year the supervisor will attend DO staff meetings and review the same information. Nurse Coordinators continue to work with the Department of Juvenile Justice if the child referred to that Division is placed in a foster home. Presentations are also done at the Juvenile Justice Institute twice a year.

A receipt/encounter form has been devised for foster parents to bring to all health related appointments. The foster parents will complete the child information and the health care provider will complete simple information about the date, reason for the visit, treatments, medications, and follow up if needed. This form will be mailed to the nurse coordinator in the district office so all health related appointments can be tracked. These appointments will then be entered into the database to give a detailed history of the child's medical, dental and behavioral health care. This form has been used in the pilot site with great success. During the months of July, August and September 2002 the form will be introduced in the other district offices. The nurse coordinators will provide education to staff, foster parents, and health care providers on the need and use of this particular form.

A survey for Foster Parents has been developed to evaluate their satisfaction with the medical services for the child in foster care. Surveys were sent out to all foster parents in the Manchester District Office. We have had a 25% return to date. The survey also asked foster parents how they felt health care services could be improved. Results are not available at this time. This survey will be sent to all foster parents in New Hampshire over the next 2 months. This will be a very helpful tool.

A questionnaire for children diagnosed with ADHD was sent to 4 families in the pilot site who are caring for children who have this diagnosis. Included are

questions about medications, who is prescribing medications, and methods of documenting behaviors of children receiving medications. If foster parents would like help with training about ADHD issues, treatment plans and other issues they can state this on the form. This project is one of the IHI initiatives that all the teams were required to complete.

**Action Step 2:** Ensure that parents are invited to their children's medical appointments while they're in out-of-home care.

**Target date:** 9/00 - 9/04

**Progress:** When a child is temporarily placed into foster care, the Foster care Health Program (FCHP) nurse will notify birth parents of the date of the comprehensive health and developmental assessment exam so they may participate in health care, discuss treatment options, learn about medications and other special care needs of their child. Following the assessment, parents are invited to participate in a Health Care Planning Meeting, which is coordinated by the FCHP Nurse. All those involved in the health care of the child are invited; including the foster parents who see the child daily and the birth parents who know the child's medical and family history. The health care plan is then written to include all necessary referrals and recommendations as well as those responsible for carrying out all of the details of the plan. All participants receive a copy of the plan and the nurse then follows up to insure the plan is carried out. This medical plan becomes part of the case plan for the child. Whenever it is safe for the child, parents are encouraged to participate in all recommended follow up care, including attending physician and dental appointments. Attendance at this meeting is tracked on the FCHP ACCESS database.

**Action Step 3:** Ensure when children leave foster care, a health passport accompanies them to their permanent placement.

**Target date: 9/00 – 9/04**

**Progress:** DCYF is continuing the development of a “health passport” passport to accompany children into their permanent homes. The passport will include all the child’s health history such as: prenatal care, perinatal care, all health care appointments, comprehensive health care exams including immunizations, vision and hearing screens, mental health visits, family history, school data, hospitalizations and allergies. Foster Care Health Program staff are working with nurses in other states to develop a format that will work best for the child, the families, and the health care providers. From this research, we are learning practices that will make this a successful program in New Hampshire. This passport needs to be a simple tool that the nurse coordinator can set up and be maintained by the foster parents. It will help new foster parents if there are changes in placement and also help the birth parent on reunification or other permanent home. We will also prepare an instruction booklet so the use will be simple and uniform for all foster parents.

**Action Step 4:** Conduct rigorous outreach efforts to contact all adoptive families and offer medical assistance for their adoptive children up to the age of 18.

**Target date: Ongoing**

**Progress:** In January 2000, a letter was sent out to all adoptive families notifying them that if they were not eligible for Medicaid they may be eligible for other medical assistance. Information regarding potential eligibility for medical assistance has been integrated into DCYF’s annual update letter that is sent to each adoptive family receiving an adoption subsidy.

In response to changes in programs for medical assistance DCYF held training in 2002 for Adoption CPSW’s on medical assistance so that they would be able to accurately inform adoptive parents about medical assistance. In 2003 more training for CPSW’s is planned to assure greater accuracy and clarity in the information they give to adoptive families. Also, Information regarding

potential eligibility for medical assistance has been integrated into DCYF's annual update letter that is sent to each adoptive family receiving an adoption subsidy.

**Action Step 5:** Assure that children's mental health needs are met and that DCYF receives useful information from providers by fully implementing the new behavioral health referral form.

**Target date:** Ongoing

**Progress:** The required DCYF form for referring children for mental health services is a behavioral health referral form developed in 1999 in conjunction with the state's community mental health centers. By using this form CPSWs are able to identify specifically what kinds of mental health services are needed and are able to track the provision of those services by the written reports providers are required to submit. Using this form ensures that children receive appropriate services and that CPSWs receive the necessary information to make appropriate decisions with the family regarding the needs of the child and potential permanency options. In addition, after two years of work the Rules for Certification for Payment Standards for Community Based Service Providers was updated and distributed effective 5/24/2000. This included the requirements for Behavioral Health Services.

DCYF's Bureau of Quality Management is charged with completing regular reviews of field practices in each of the District Offices. Record reviews are one aspect of the District Office review and through this process DCYF is able to identify the quality of information received from mental health providers.

**Action Step 6:** Through the adoption of rules, implement outcome measures for community-based service providers regarding the child and family's well-being.

**Target date:** 9/01

**Progress:** This goal has been met. Rules were adopted on May 24, 2000 requiring selected service providers to track indicators and child/family outcomes. The rule specifies that: “For behavioral health, child health support, crisis intervention, home-based, intensive home and community, and outreach and tracking services, the provider shall submit an annual report, at the end of each calendar year to DCYF, which provides the following information: (1) number of referrals; (2) number of acceptances; (3) recidivism rates; (4) child and family outcomes; and (5) child and family indicators”. Providers are expected to define their own outcomes and indicators depending on the service they provide.

**Action Step 7:** In partnership with the DCYF Educational Specialists and school personnel, ensure that the educational needs of children are met by “joining” the school districts for all children in out-of-home care who are or may be educationally handicapped.

**Target date: Ongoing**

**Progress:** An additional Educational specialist was added in 2001. The three Educational Specialists who are assigned to specific District Offices monitor the special educational needs of DCYF children. Quarterly training is offered to all new field staff regarding educational issues and a quarterly report is issued summarizing the educational status of the involved children. The Educational Specialists also provide regular case-specific consultation to the field. In addition the Educational Specialists offer:

- Yearly refresher training at each DCYF office
- Office consultation to staff
- Assistance with educational troubleshooting
- Reviewing educational records
- Maintaining records related to above
- Filing quarterly reports with the Disabilities Rights Center
- Filing compliance reports with the Attorney General’s Office

- Other duties as required to monitor compliance with the James O. Consent Decree.

### **III. OUTCOMES**

#### **Safety Outcomes**

- Reduce recidivism of substantiated child abuse and neglect reports within a 12-month period.
- Reduce recidivism of substantiated child abuse and neglect reports for intact families receiving services within a 12-month period.
- Reduce recidivism of substantiated child abuse and neglect reports for intact families not receiving services within a 12-month period.

#### **Permanency Outcomes**

- Increase the percentage of foster children who exit care and are reunified with parents/caregivers within 12 months.
- Increase the percentage of foster children who exit care and are adopted within 12 months.
- Increase the percentage of foster children who exit care and are adopted by relatives.
- Decrease the percentage of children who are reunified with family and re-entered foster care within 12 months.

#### **Well Being Outcomes**

- Increase percentage of children who have health exams per Early Periodic Screening and Diagnostic Testing.

The state has pursued a course of attempting to measure these variables utilizing data from its periodic NCANDS and AFCARS data submissions. We have completed the following steps in this direction:



- Reviewed programming logic released by the Administration for Children, Youth, and Families that is to be used to perform similar data analyses in outcome and performance measurement.
- Embarked on a data quality project to examine and improve the quality of data collected in NH BRIDGES, the state's Statewide Automated Child Welfare Information System (SACWIS).
- Conducted a code and data review of the State's AFCARS submissions, resulting in correction of a number of errors pertaining to IV-E eligibility, caretaker characteristic, and placement episode reporting.
- Completed programming to produce an annual NCANDS DCDC submission. The reports for calendar 1999 and 2000 have been accepted. Information for Calendar 2001 has been submitted.
- Revised processing of child abuse and neglect findings to increase accuracy of reported findings and improve tracking of documenting due process relating to findings.
- Launched a training, reporting, and administrative initiative to improve performance in the completion of assessments of child abuse and neglect.
- Completed conversion of Federal logic for analysis of performance and outcome measures allowing the State to analyze its own AFCARS submissions and initiate action plans to improve performance.

Goals for the coming year include utilization of the foundation elements outlined above to analyze performance and outcomes not only statewide, but also at the District Office level, allowing local managers to set goals and objectives around these measures.

#### **IV. SERVICES TO BE PROVIDED**

DCYF will expend a minimum of 20% of the Fiscal Year 2002 Promoting Safe and Stable Families funding on each of the four categories of family preservation, family support, time-limited family reunification, and adoption promotion and support services.

The Child Welfare Advisory Board, established in 1997 to comply with mandates of the Family Preservation and Support Services Grant, is still actively involved in prioritizing the direction and funding of the Promoting Safe and Stable Families Grant. DCYF has initiated the plan for the Board to be incorporated into the legislatively mandated, already established DCYF Advisory Board. The goals and objectives of both groups overlapped and in the interest of collaboration the suggestion was made and discussed. Members of the Child Welfare Advisory Board will serve the primary task of setting evaluation standards from the Comprehensive Family support contracts. Members of both boards are currently meeting together. A retreat is scheduled for September, 2002, to clarify mutual goals.

##### **A. Family Support**

DCYF has funded Family Resource Centers throughout the state for the last four years to provide family support/primary prevention services to families. Last year, as a result of identifying home visiting as a priority area in the Request for Proposals, a number of the Centers have decided to use this and future funding to conduct home visits with families. DCYF is committed to continuing to support these prevention efforts through the use of CAPTA and Promoting Safe and Stable Families funding. Approximately \$44,000 of the PSSF funding will be expended through this grant award.

The funding used to support the Family Empowerment Project was considered both a Family Support and a Family Preservation expenditure. DCYF will not continue to support this structured system of family involvement that was created as a result of the Family Preservation and Support Services Grant. DCYF has directed \$140,179.00 from the Family Preservation and Support Services Grant, in combination with SSBG and CAPTA funding support the Comprehensive Family Support Services initiative for a total of \$800,000.00.

Additionally, DCYF will continue to contract with Casey Family Services for foster parent support and retention services. Expenditures for this contract are expected to be \$38,500.00 for SFY '02 and '03. Support services to be provided will include: increasing positive communication between DCYF staff and foster parents; quarterly newsletters; monthly support groups; mentor support; and community education.

## **B. Family Preservation**

Nine contracts were awarded for statewide comprehensive family support programs covering all twelve district office catchment areas. The programs assist families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. The social service agencies identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families.

- To promote healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school and the larger society;
- To empower families as advocates for themselves and their children by collaborating with families and communities in the development of a

- comprehensive array of local, family-centered and culturally diverse services; and
- To reduce the incidence of violence towards children by providing supportive services to at-risk families including:
    - ❖ Supporting parents who are experiencing social, emotional, physical and/or mental health related problems that interfere with their abilities to parent and providing an acceptable standard of care for their children;
    - ❖ Promoting safe, nurturing environments for children by educating parents in child development, child health and safety, and parenting skills;
    - ❖ Working with parents to identify barriers to good parenting based on attitudes, values, culture and/or personal history, and to assist them to deal effectively with overcoming barriers that impede healthy development;
    - ❖ Helping families learn coping and problem-solving skills which will assist them in their every day lives;
    - ❖ Enhancing family development by assisting parents to further their education, find employment and access community resources; and
    - ❖ Supporting families in their home communities by providing resource and referral information, and linkage with Family Resource Centers and other community-based agencies which support families.

Services to be offered by the contract agencies include:

- Home visiting - Each family must be visited regularly in their home by the home visiting staff. Staff may include a combination of professionals, volunteers, and/or paraprofessionals. The frequency of visits must be

specified in the family service plan with the expectation that visits will occur a minimum of once weekly.

- Short-term Child Placement - Voluntary placement services must be short term, less than 7 days, with foster homes licensed by DCYF or another NH Child-Placing Agency, using the least restrictive environment – close to home and school. Voluntary placements must be restricted to parents who have short term medical, mental health, drug and alcohol treatment needs. It is expected that children in need of placement do not have relatives or other placement resources.
- Child Development Education - The program must offer effective interventions which can positively influence the long term parent-child relationship and prevent problems and promote optimal development of children and their parents.
- Parent Education and Support - The agencies must support programs that value, respect and empower parents, and have a more preventive response to family needs. The program needs to honor families' cultural and ethnic heritages and demonstrate how it can help parents obtain the resources they need to raise healthy children.
- Quality Early Care and Learning Programs - Agencies must offer linkages or directly provide a system of early childhood care and education programs that supports children's social and emotional development. DCYF is especially interested in funding "quality" programs that target many risk factors such as cognitive deficits, early behavior and adjustment, poor parenting practices, and difficult peer relationships.
- Health Education - The agencies must promote services and programs that will improve the social and emotional outcomes for both children and their families. These programs must focus on adequate nutrition and education regarding physical and mental health needs of the families.

- Adult Literacy and Higher Education - Agencies must refer family members to GED tutoring or classes, English as a Second Language, and to college level courses, as well as help with child care, transportation, advocacy, and other referral services to support parents as they pursue their studies.
- Life Skills Training - Agencies must delineate those services and programs which build and enhance the life and family management skills of each family member ensuring that each family member has the interpersonal skills necessary to function within the existing family structure and respond to the regular demands of the larger society.
- Child Care Resource and Referral - Preventive childcare may be provided to support the family. The need for child care must be identified during the family assessment and addressed in the family service plan. The agency must be able to provide resource and referral information to help parents recognize high quality, developmentally appropriate child care environments, and to refer parents to child care programs in the community. The agency may offer child care on site, as a respite service or as a part of the agency's regular program.
- Family Empowerment - The agency is expected to provide advocacy training and opportunities for families to participate in community activities focused on improving the quality of programs and services. Families must be assisted in identifying service delivery gaps and discuss ways to affect change in those identified areas with the cooperation of state and local agencies.
- Information and Referrals to other community based agencies - Agencies must be knowledgeable and be able to inform parents and community members about services for which they are eligible, such as medical and mental health care, temporary financial assistance, housing, child care, and transportation. The agency must assist families in obtaining and using these services.

### **C. Time-Limited Family Reunification**

The Permanency Plus pilot project was developed in the DCYF Portsmouth District Office to provide intensive, coordinated services to parents whose children are in placement. Successful reunification models from other states were researched and a Request for Proposals was issued soliciting bids from private agencies to provide intensive reunification services. The Contract was effective from its approval date in May of 2000 through September 30, 2001. DCYF anticipates spending all of the required 20% PSSF grant funds for this service area, approximately \$140,000, on this pilot project. In addition, \$30,000 of Adoption Promotion and Support funding was added to the RFP to support the development of flexible family resources as part of the pilot project. This will continue for the renewal of the contract.

## **D. Adoption Promotion and Support**

ASFA, Adoption 2002, and New Hampshire's Eric L. settlement have all focused attention on permanency planning and adoption services. Resulting changes in laws and agency policy have set the stage for concurrent planning, reduced time between initial placement and termination of parental rights, increased numbers of children needing permanent families, and increased numbers of special needs children placed in adoptive families. There continues to be a need for adoptive homes for children who are in therapeutic or residential treatment when they become free for adoption. The increase in the number of these children noted in the 2001 report has been sustained through this reporting period. These children represent special challenges to recruiting and supporting their permanent families. There is a growing need for post-adoption services to minimize disruption and dissolution of adoptions. There is also a growing recognition of a blurring of the lines between foster care and adoption. As a result, DCYF will continue to use a full 20% of the FY 2001 Promoting Safe and Stable Families to achieve the three goals of: (1) increasing the number of available adoptive homes; (2) increasing post-adoption services; and (3) developing administrative and structural supports to encourage timely permanency and adoption.

DCYF will continue to support the adoption consultant position established last year, responsible for developing and maintaining a comprehensive, on-going recruitment strategy for DCYF adoptive families. The consultant will continue to work with DCYF adoption staff to develop recruitment efforts like newspaper articles, public service announcements, and increased adoption information. In 2002 recruitment efforts will focus on recruiting and training families with the skills and experience to provide permanency for children moving from therapeutic or residential treatment. The consultant will also continue to develop the DCYF adoption website. Approximately \$12,000 will be allocated to contract with the adoption recruitment consultant in 2002.



In 2000, DCYF issued a Request for Proposals combining the time-limited family reunification initiative with the flexible foster/adoptive family resources initiative. Approximately \$30,000 of Adoption Promotion and Support funding was allocated to this RFP and DCYF continued to allocate this amount in 2001. Initial implementation and evaluation has taken place and DCYF will continue to allocate funds to further develop this model program in 2002.

During 2000 and 2001 DCYF contracted with Casey Family Services to develop a community-based model of post-adoption services. The project brings together DCYF staff, private adoption agency staff, school personnel, mental health providers, and adoptive families and children to identify and develop needed services. The first two years of the project resulted in training in post-adoption issues for mental health providers and teachers, as well as a support group and other social activities for adoptive families. The contract is completed. Now that the model is developed, Casey will begin to replicate it in other communities in the state using other financial resources to support it.

In 2000 there was a three-month waiting list for DCYF adoption search services. To decrease the waiting time and expedite searches, DCYF contracted with a consultant to begin the search process and provide the adoption workers with preliminary information to assist them in completing the process. The contract was continued in 2001 and will be continued in 2002. The contract has dramatically reduced the waiting list for post adoption search services. In 2002 efforts will include developing a search brochure and adding search information to the adoption website to help better inform people seeking DCYF adoption search services.

A current contract exists to provide the DCYF Adoption Unit with technical assistance in reviewing and revising all the existing policies related to adoption. All adoption policies will be reviewed to identify those that may include barriers to timely adoption.

Finally, \$15,000 was allocated in 2001 to assist the DCYF Adoption Unit to move cases more quickly by contracting with private agencies or individuals, to complete adoption home studies mandated by the Interstate Compact on the Placement of Children (ICPC). The workload of the Adoption Unit is unpredictable and often contingent upon the timetable of the courts. High caseloads can slow the adoption process. Two years ago DCYF developed ancillary contracts to produce social and medical histories on children. By contracting this time consuming task, adoption workers were able to manage their caseloads and process adoptions more quickly. A similar system will be developed for the interstate home studies. This service has helped DCYF move adoptions more quickly, but also ensures that home studies for other states are completed in a timely manner.

## V. COMPREHENSIVE FAMILY SUPPORT INITIATIVE

***Vision:*** To eliminate family violence, abuse and neglect throughout the state.

***Mission:*** To provide resource and support services to families in need of assistance, in their home communities to promote family wellness and decrease family stress.

DCYF recognized the benefit of providing voluntary, preventive services to families in order to keep them from involvement in more intrusive systems of care. Since 1994 DCYF funded Family Resource and Support Services to provide prevention oriented home visiting and child care services. DCYF also funded the family empowerment model of services. The Comprehensive System of family Support Services initiative is the result of a blending of funds that

have historically been tied to eligibility and to use these funds to assist families in a more flexible and comprehensive manner while meeting the same needs. This initiative was undertaken in response to provider's relating to DCYF staff the need for more flexibility of funds and relief from some of the administrative tasks associated with managing funds from various sources.

**Factors Contributing to the Development of Family Resource Centers as a Support Services to Protect Children**

- Developing community connections
- Improving access to resources especially at earlier problem stages
- Individualized services to address specific needs
- Reduce social isolation
- Improve social skills
- Strengthen family relationships

**Comprehensive Family Support Programs must:**

- Be community based family driven
- Protect the rights of families
- Allow smooth transitions between programs
- Build community capacity to serve families
- Emphasize prevention and early supports and services
- Be effectively integrated and coordinated across systems
- Be culturally respectfully respectful
- Be evaluated for outcomes
- Be delivered by competent staff
- Be accessible, accountable and comprehensive
- Be individualized to meet the needs of families

- Be strength based and delivered in the least intrusive manner

**Goals:**

1. To promote healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school and the larger society.
2. To empower families as advocates for themselves and their children by collaborating with families and communities in the development of a comprehensive array of local, family centered and culturally diverse services.
3. To reduce the incidence of violence towards children by providing supportive services to at risk families including;
4. Support parents who are experience social, emotional, physical and or mental health related problems that interfere with their abilities to parent and provide an acceptable standard of care for their children.
5. Promote safe, nurturing environments for children by education parents in child development, child health and safety and parenting skills
6. Work with parents to identify barriers to good parenting based on attitudes, values, culture and personal history, and to assist them to deal effectively with overcoming barriers that impede healthy development.
7. Help families learn coping and problem solving skills which will assist them in their every day lives

8. Enhance family development by assisting parents to further their education, find employment and access community resources,
9. Support families in their home communities by providing resource and referral information and linkage with family resource centers and other community based agencies that support families.

### **Population served**

Participation is voluntary for families with children ages 0-18 years, living at home or in an out of home living arrangement who are not open DCYF cases.

- Current unfounded child protective services report
- Previous founded child protective services report
- Closed DCYF case
- Child low birth weight and neuro developmental delays
- History of or current parental or caregiver substance abuse
- Low socioeconomic status of the family]
- Problematic marital relationship
- Family history including history of domestic violence
- Child insecure attachment in early years
- Recent birth of a child
- Expected birth of an additional child
- Birth a child or expected birth of a child with special health care needs
- More than 1 child under the age of 3 years
- Families, teen parents, or single parents experiencing multiple stressors
- Physical or social isolation
- Home conditions, which present a health and safety, risk to family members

- Chronic health problems that interfere with care giving
- Child with chronic health, behavioral or developmental issues that impact on parenting.

Programs must enhance family's capacity to support the growth and development of all family members. Some of the additional programs, which are provided by the contractors, include:

- Parent child playgroups
- Fatherhood programs
- Parent enrichments
- Community events sponsored and planned by family members
- Kinship care support groups
- Music lessons and other cultural experiences.

Quarterly Comprehensive Services	Statewide Family Support	Report for	As of 2/28/02
Families receiving services/avg.month			350
# Referrals			144
# Intakes			76
# Closed			44
# Children in DCYF placement			0
Current # families			269
Current # children			529
# Families receiving home visiting services			317

# Families receiving parenting education and support	771
Billable hours	1746.90
# Children in preventive child care	131
# Families referred to other community agencies	104
TANF	84
Healthy Kids Silver	37
Healthy Kids Gold	199

**\*For a listing of specific contractors, please see Appendix**

## **VI. TRAINING AND TECHNICAL ASSISTANCE**

The DCYF Staff Development Unit has developed competencies based on the Institute for Human Services and CWLA for all DCYF positions and has implemented training based on these competencies. These competencies have been updated and improved as the staff working requirements change. The Division had a three-day pre-service training for all new staff, which is an overview of DCYF services, and of the core training requirements all new employees are required to complete. This pre-service training has been changed to a two-day orientation program. The change occurred based on the feed back of staff attending the training for the past three years. The current two-day orientation is in the process of evolution once again. It will be adapted to reflect more overview topics as opposed to topics staff will receive in the Core Training academy. The Orientation training is constructed from the set of core competencies with which all staff should be equipped. Orientation training is conducted in the employee's first month and ideally begins on the employee's first Monday, and Tuesday of employment. The orientation has further evolved into an overview of the mission, goals, philosophy and resources of DCYF. The

presenters consist of Program Specialists (a total of 17 topics) from program areas that are resources to staff. The shadowing component has become a Mentoring Program. The shadowing component of the employee's training program has evolved into a Mentoring Program. All new DCYF Staff (CPSWs & JPPO/As) are assigned a mentor who works with the employee for up to six months to ensure that the employees receive the necessary information to begin the work they will be assigned to do. The employee's subsequent ten working days are spent "job shadowing" without any assignment of cases. The orientation has further evolved into an overview of the mission, goals, philosophy and resources of DCYF. The presenters consist of Program Specialists (a total of 17 topics) from program areas that are resources to staff. The shadowing component has become a Mentoring Program. All new Child Protection Workers are required to complete 26 days of Core Training and 6 hours of Foster Care Orientation and Regulatory Training within the first six months of employment. The CPSW Core Training Academy (25 Days) is now offered four times a year in 8-week sections.

This academy is constantly being reviewed and revised based on feedback and evaluations. Structured Decision-making has been added and a two-day Family Services Training is being considered as an addition. A three day supervisory and "train the trainer" training in Structured Decision (SDM) was offered in the fall of 2002 as well as eleven sessions that trained all DCYF field staff in the SDM model.

After the first year for newly hired employees, and annually on the date of hire for every other staff member, an Annual Individual Training Plan must be developed. This plan is designed to promote the core competencies by giving the employee and his/her supervisor the opportunity to identify the employee's knowledge, ability and skills in each competency. The areas of improvement identified are then translated into the employee's training plan for the upcoming year. Every staff member is required to have a minimum of five days or 30 hours



of training a year. The training is designed to provide information in the areas of safety, permanency, and well-being for the child and families served by the Division. The training teaches staff to focus on the family's strength and the safety of children and family members. The Staff Development Unit also provides a training liaison for every office to help with training related issues.

The Staff Development Unit will continue to provide competency-based training for the Division, Foster and Adoptive Parents, and all licensed residential child care providers through the Education and Training Partnership (E&TP) contract with the College for Lifelong Learning (CLL). CLL will continue to offer ongoing training to eligible populations in 70 classroom sites throughout the state and through distance learning. In addition to offering courses in CLL regional classrooms and DCYF district offices, courses are held in community classrooms which may include churches, schools, police stations, community centers, and businesses. CLL will continue to play a major role in an ongoing comprehensive needs assessment process. Training provided by CLL is competency-based and provides licensed foster parents an opportunity to earn the training hours that are required to maintain their licenses and to enhance their skills. Training is offered in four regions of the state, on a rotating basis, four times a year.

The E&TP will continue to provide the delivery and evaluation of the ***Foundations for Fostering*** curriculum in collaboration with DCYF. The E&TP will continue to provide the delivery and evaluation of the ***Caregiver On-Going Training*** program of 49 competency based courses. The E&TP will also continue to provide the ***Professional Development and College Enrollment*** program providing outreach, academic counseling, and career counseling to encourage staff to pursue the development of individual Professional Development Plans. Staff may attend University System colleges or private colleges depending on their career goals.

### **A. Caregiver Ongoing Training (COT):**

An ongoing, competency-based training program (COT) is offered statewide to NH licensed foster parents, adoptive parents, residential caregivers and NH DCYF staff. The goal of the COT is to enhance the quality of care for children living outside of their own homes by providing the knowledge, skills, ability, and mutual support necessary to address the daily issues that confront substitute caregivers and case managers who work with children and youth who are in placement.

The College for Lifelong Learning, Education and Training Partnership will continue to deliver the 49 competency-based courses, 17 of which are offered for one college credit, and one which is offered for two college credits, to NH licensed foster parents, adoptive parents, residential staff and DCYF staff. These populations have been identified as being Title IV-E eligible. Training needs will be reassessed on an on-going basis through out-reach to foster parent support groups and in collaborative efforts between CLL, DCYF the 'child placing agencies' foster care licensing staff and by the Education and Training Partnership Steering Committee. In order to expand the numbers of people to be trained, various marketing materials such as brochures, flyers, and catalogs, will continue to be mailed directly to 1,000 licensed foster homes, 200 adoptive homes, 550 residential care workers, and 360 DCYF staff four times per year. In addition, class schedules will continue to be posted on the web and foster parents and staff will continue to be reminded of training opportunities by email and fax.

### **Services to be Provided**

- In FY 2002, the E&TP will deliver approximately 25 "COT" courses, 4 times a year on a rotating basis, in 4 major regions of the state, or 100 "COT" courses per fiscal year.

- In FY 2003, the E&TP deliver 110 “COT” courses statewide.
- The E&TP will utilize and provide marketing strategies such as mailings, newsletters, and various outreach techniques to draw more foster and adoptive parents, residential caregivers, and DCYF staff into the training program.
- The E&TP will continue to develop new courses especially focusing on the areas of “cultural competency”, “lifebooks”, “domestic violence”, mentoring, and more advanced level courses. The development of additional 2 credit courses will also be explored.
- The E&TP will enhance training opportunities for residential caregivers by focusing on their basic training needs and the alleviation of barriers to accessibility for this group and will continue to respond to training requests by residential facility supervisors and deliver courses at residential facilities for the convenience of staff.
- The E&TP will continue to deliver the two distance learning courses which are offered in print and video based formats, in an attempt to reach home or work-bound caregivers who have difficulty accessing traditional training sites. The E&TP will continue to research and develop a web based distance-learning course that could be accessed by caregivers via the Internet.
- In collaboration with child welfare and juvenile justice experts, the E&TP will continue to identify competency-based training materials, such as books and videos, and make recommendations for their purchase to DCYF. These purchases will be housed at the Family Resource Connection of the NH State Library, which in turn makes them available and accessible to the target populations.
- CLL will hire qualified trainers with expertise in their field of instruction. The Regional Director and the Associate Dean of Academic Affairs must approve all CLL faculty teaching credit courses.
- The E&TP will engage instructors in professional development through an annual Instructor Appreciation Day and through the instructor evaluation and staff feedback processes.

- In FY 2001, a “Program Effectiveness and Research Coordinator” position was added to the E&TP staff. This position affords CLL the opportunity to continue to monitor and evaluate the COT, FFF and PDCE programs for quality assurance on a regular basis. A comprehensive program evaluation design will be developed with the assistance of nationally recognized training evaluation experts in FY02. Various applicable training evaluation methodologies will be employed, and data collected and analyzed in FY03.
- The E&TP will continue to facilitate the Education and Training Partnership steering committee, which is made up of consumers of the training. The purpose of the committee is to provide feedback on the training and help plan effective training, scheduling, sites and instructors.
- The E&TP will continue to facilitate the development, implementation and evaluation of a NH specific Independent Living curriculum for youth in placement in collaboration with DCYF Independent Living Staff, residential caregivers and foster parents.

**B. Foundations for Fostering (FFF)** The *Foundations for Fostering* pre-service, foster parent-training curriculum is delivered to prospective foster parents statewide. The goal of the *FFF* is to enhance the quality of care for children living outside of their own homes by delivering the DCYF pre-service curriculum in a manner that promotes consistency and uniformity of training throughout the state. In June 2000, the CLL E&TP provided DCYF with a finalized version of the curriculum using recommended changes from DCYF after an initial evaluation process occurred. The E&TP continues to provide “Training of Trainers” to, foster parent co-trainers, and other prospective instructors. The E&TP continues to assist in the evaluation and enhancement of this curriculum that is based on pre-service training needs identified by DCYF foster care staff, and child placing agency (foster care) staff. The CLL E&TP delivers this curriculum to prospective foster parents who have been identified

as having a need for pre-service training by the 12 NH DCYF foster care workers in conjunction with child placing agency (foster care) staff. In FY 2000, CLL provided 65 FFF “skills modules”. That is, one set of 5 modules for 11 DCYF district offices and two sets of five modules for 1 DCYF District Office. In FY 2001, CLL delivered 125 FFF “skills modules”, that is 25 series of pre-service training statewide. CLL developed a flyer describing the FFF program and continues to make it available to the DCYF foster care workers for use in the recruitment of new foster parents.

The ETP engages the participants in evaluating the curriculum by administering a self-assessment at Orientation, and another assessment at the completion of the series. Three months following the completion of training, the ETP staff will interview those participants who have had a child placed with them. The data gathered in these interviews will assist the partnership in making improvements to the pre-service training.

### **Services Provided**

- In FY 2002 the E&TP delivered 150 FFF “skills modules”, that is two sets of five modules for 12 DCYF district offices plus an additional six “floater” series.
- The E&TP continues to provide technical assistance in the FFF curriculum evaluation.

### **Goals**

- The ETP will continue to engage the participants in evaluating the curriculum.
- The E&TP will continue to engage instructors in professional development.
- The E&TP will continually monitor and evaluate the FFF for quality assurance through ongoing monitoring and evaluation.
- The E&TP will continue to hire qualified instructors with expertise in their field of instruction

- The E&TP will continue to expand the pool of trained foster parent co-trainers.
- The E&TP will continue to provide attendance-tracking reports to DCYF foster care workers.

### **C. Professional Development & College Enrollment Program (PDCE)**

PDCE services are available and provide academic and career outreach and counseling to assist DCYF staff in managing the college enrollment/tuition process and procedures at the University System of New Hampshire (USNH) and private colleges. The goal of the PDCE program is to enhance the quality of services delivered by staff by promoting professional development, assisting DCYF staff with individual Professional Development Plans (PDP), providing academic and career counseling services, assisting with college enrollment, at USNH institutions and private colleges, and assistance with obtaining tuition reimbursement. DCYF staff's professional development needs will continue to be assessed through the PDP, which was updated in 1999 and is available on disc. This program will continue to be targeted to 360 DCYF staff.

#### **Services to be provided**

Promote professional development through outreach to DO and administrative staff, via appointments, email, phone, and articles in Visions, a DHHS newsletter.

- Assist DCYF staff in the development of their PDP's.
- Keep the PDP updated, and accessible.
- Provide individual and group career counseling and professional development opportunities for DCYF staff.
- Coordinate an annual "MSW" fair to introduce DCYF staff to various college MSW programs.
- Assist staff with college enrollment.

- Assist staff in accessing tuition reimbursement.
- Track student's enrollment tuition charges, billing and grade distribution.
- Track student's grades in accordance with DCYF policy regarding tuition reimbursement eligibility.
- Maintain individual student records in accordance with FERPA guidelines and requirements.
- Provide updated promotional materials.

The Division will continue to offer staff access to academic courses although they must be job related and/or be of benefit to the Department and Division missions. Staff will be limited to \$2,000 a year for courses based on the Department's policy. The Division has given staff the option to take courses at any college to help them find programs that meet the requirements for a Master's in Social Work.

#### **D. Ongoing Staff and Provider Training**

As in past years, the Division will enter into a contract with NFI North, Inc. to assist the Division in providing ongoing trainings for staff and providers and consumers. NFI North will run at least 100 days of training per year plus a two-day conference for staff, providers, clients and consumers. On July 1, 1997 NFI North added an additional staff person help with the orientation training and a marketing strategy for DCYF and the Staff Development Unit. On July 1, 1999 NFI North provided another staff person to focus on trainings for the contracted childcare centers through the DCYF Child Development Effective July 1, 2001 an additional person (part-time) was hired.

#### **Services to be Provided**

- Provide core training for all new DCYF staff and advanced training for experienced DCYF staff.

- Provide competency based training for supervisors.
- Review all DCYF training programs for quality improvement and recommend changes.
- Maintain DCYF training records through a newly purchased automated training management information system known as STARS.
- Maintain the DCYF training library and purchase an additional twenty books and five videos annually.
- Produce the DCYF Staff Development Partnership newsletter six times per year.
- Plan and present a 2-day conference for all Division staff and selected invitees. (over 900 attendees in 2002)
- Implement training for foster and adoptive parents, child care providers, and other targeted service providers.
- Develop training materials for, and provide training to, District Office staff around child care eligibility and enrollment procedures particularly with reference to low-income clients; and
- Co-facilitate a Training Advisory Committee to provide input and feedback in regard to staff development as well as a Speakers Bureau.

The DCYF Staff Development Unit will continue to provide funding for the operation of the Family Resource Connection (FRC) located at the State Library. The FRC is a lending library and clearinghouse of information regarding child issues. This program also receives funding from the CAPTA grant as well as from several other state agencies.

DCYF intends to request technical assistance from the ACF Region I Office regarding issues of permanency and well-being as well as the American Bar Association (ABA). Margaret Burt of the ABA is presenting a workshop on the



Indian Child Welfare and Multi-Placement Act in June 2002. The ABA will also be approached regarding advanced training for DCYF attorneys.

Sarah Greenblatt from National Resource Center for Foster Care & Permanency Planning spent a day in August, 2000 meeting with Administrators and Supervisors reviewing the NH Case Plan.

DCYF intends to expand the work with the Schools of Social Work to help Division staff obtain Social Work Degrees and to ensure there is an ample supply of qualified new staff that have graduated with Bachelor and Masters Degrees in Social Work. The Division has entered into contract with the University of New Hampshire and Plymouth State College. These Institutions collaborate with DCYF in such a way that tuition is provided for BSW and MSW Students who then do their internship with DCYF and are later employed with DCYF. Currently, under this program two BC Masters level and two Bachelors level (one UNH and one Plymouth State) interns were employed by DCYF with a fifth to start work in August. In the fall of 2002 a total of ten UNH students (two Masters level statistical and data analysis staff) will become interns and three Plymouth State students will begin internships. DCYF is planning to expand this program to include Franklin Pierce Law School to develop future attorney staff.

DCYF has entered into a Memorandum of Understanding and partnership with the NH Community Technical College to provide training to the Division staff on the state's SACWIS system, NH Bridges. The training also involves all supporting computer training necessary for the correct and proper use of NH Bridges Implementation began in March 2001 and is expected to continue through June 2002. The training is being conducted through the use of a mobile computer lab with 16 stand alone computer stations. The lab is able to travel regionally across the state thus minimizing travel time for staff.

## **VII. MANAGEMENT INFORMATION SYSTEMS**

This chapter presents a description of the status of the NH BRIDGES project, including descriptions of progress made beginning with Q2 FFY 2001 through the end of Q2 FFY 2002. Significant tasks completed, milestones attained, new tasks that emerged and changes made in planning, development and implementation of the system are detailed.

The State is pleased to present this detailed description of the substantial progress that has been made in enhancing and improving the usability of the NH BRIDGES system and achieving compliance with 33 of the 36, or over 91%, of the SACWIS requirements originally identified as non-compliant or conditionally compliant.

DHHS has addressed the underlying administrative resource problem previously experienced in this project by creating the Office of Application Management (OAM) at the Commissioner's level, in significant part to address management and control issues for system development projects. In recognition of the importance of this project management function, all NH BRIDGES development efforts are now under OAM purview. OAM is led by an executive-level Director. The office has increased both systems operations and administrative management staffing. Included in the latter are full-time managers and contract specialists who are directly responsible for overseeing NH BRIDGES documentation, including federal relations, contracts, APD-U and fiscal matters, both budget and cost allocation issues. A new Director of Child Welfare Information Systems has been added to oversee all development, technical and analysis needs of the system. This position also ensures user involvement and satisfaction with all SACWIS related matters, including work prioritization, testing and training. Four additional analytical staff devoted to systems development and maintenance helped ensure that systems-related functions are addressed promptly and correctly. The NH BRIDGES project team consists of four Business Systems Analysts, an Analyst Manager, Help Desk Coordinator, Training Coordinator, Technical Lead, and ten Developers. The State is committed to addressing the needs of state staff in order to enhance services provided to the children and families it serves.

The NH BRIDGES project team completed regularly-scheduled releases of NH BRIDGES in April 2001, December 2001, and February 2002. Analysis of NH BRIDGES release notes and system change requests for this period reveals that approximately 25% of the total level of effort was associated with DDI tasks, and 75% with M&O tasks. This section summarizes significant modifications and enhanced functionality to the NH BRIDGES application.

## **A. PROJECT STATUS Q2 FFY 2001 THROUGH Q2 FFY 2002**

### **A.1. Compliance Changes**

The volume of NH BRIDGES data shows continued growth over the reporting period. The quality of NH BRIDGES data has improved significantly due to increased user knowledge of the application and usability improvements. Refinement of reports to support the “Eric L.” child welfare protection case and the “James O.” disabled rights case continued, ensuring DCYF’s ongoing compliance with these mandates. In the December 2001 release, several changes were implemented for enhanced tracking of compliance with James O. mandates. A new security level was created for Education Specialists and only staff with this security level have the ability to update information on the Special Education (SPEDIS) screen. Four new Word document templates were added to the Report Templates: “Motion to Join Legally Liable School District as Parties (Form 2242),” “Residential Placement Change Notice (Form 2243),” “Contrary Recommendations Notice (Form 2245),” and “Educational Narrative (Form 2246).” The Report Templates (formerly Court Report Templates) and Case Library have been moved from under the Court Menu to under the Case Menu. A check box, called “Contact by Education Specialist,” was added to the Case Contact screen for Education Specialists to document their contacts. A new SPEDIS Log was added to the Workload Navigation Tree to assist the Education Specialists with their Quarterly Report. This log pulls information on all children with education disabilities in open cases as of the beginning of the quarter. In order for staff to know a child’s current address when providing services, the Select Case Srvcs/Place Client window was changed to display the child’s current address, as is now done on the Client Summary screen, which will

display the placement or home address, accordingly. On this same window, the Living Arrangement section display was modified to be in conformance with what is supplied for the NCANDS Federal Report. When entering a new address, PO Box may no longer be used as a "Permanent Address."

During the reporting period, New Hampshire completed and successfully submitted three AFCARS submissions as follows: October 2000 through March 2001 was submitted on May 14, 2001; April 2001 through September 2001 was submitted on October 12, 2001; and October 2001 through March 2002 was submitted on May 13, 2002.

The design, development, and implementation of a fully automated NCANDS process was completed during the reporting period for the Child Data File. For the first time in July 2001, through an automated process, New Hampshire generated the Child Data File and submitted Calendar Year 2000 NCANDS file (Detailed Case Data Component or DCDC). The Agency Data File, which contains agency summary data, was completed and sent in August 2001. The Child Data File for the calendar year 2001 was generated and sent in March 2001. The Agency File has not yet been submitted for calendar year 2001; it is scheduled for July 2002.

## **A.2. Administration Enhancements**

Adjustments were made to Word documents created using the Report Templates in NH BRIDGES in the April release so that by default, documents are stored on a central server that has automatic back up nightly. It is no longer necessary to copy completed case plans, court reports, PDIs, etc., from users' hard drives to the server. Retrieving case documents has been greatly simplified. Any NH BRIDGES user with access to the case record is now able to access case plans stored on the central server from any PC on the DHHS statewide network that can access NH BRIDGES. Other Administrative enhancements included in the April release included adding functionality to allow the Child Care bureau staff to access the Inquiry and Claims Return screens in the Claims module. The problem of eligibility segments belonging to the second ID (not the True

ID) being dropped if the same type of eligibility (albeit with different values and/or dates) already exists on the True client when doing a merge, was fixed.

In the December release, a new capability was added to tighten the user's ability to change security levels for workers to ensure that only those workers with authorization to do so can modify a worker's security level.

### **A.3. Structured Decision Making**

Structured Decision Making (SDM) was implemented in the December 2001 release. This resulted in the following changes:

- Navigator was changed to remove screens that became obsolete with SDM;
  - A button was added to the General Referral screen to allow users to view the screen-in criteria information;
  - The Abuse/Neglect Information screen was modified to pop-up a window for gathering the SDM screen-in criteria when the Abuse/Neglect Category is one for which screen-in information is required; a new checkbox was added to track Law Enforcement Requests;
  - The Referral Acceptance screen was modified to add a button for launching SDM to complete the Response Priority information; an additional risk level was also added;
  - The Family Assessment of Safety screen was removed; workers now click 'SDM Assess' to complete the SDM Safety Assessment form. Items from that screen were moved to the Assessment Close screen;
  - An additional type of approval for "Safety Assessment" was added to the Supervisor Approval/Request screen to indicate that the worker is awaiting an approval of the form;
  - The Referral Log was modified to indicate the date the supervisor approved the Safety Assessment form;

- The checklist displayed when the worker closes an assessment now has an entry indicating whether the SDM Assessment forms were completed;
- The Case Connect screen was modified to include the “Case Decision” button which displays a read-only matrix for workers to refer to;
- The Interview screen was modified to add a button to take the worker directly into SDM; a checkbox was added to indicate whether the contact is the required “Feedback to Professional Reporter;”
- The Assessment Closure screen was modified to add fields eliminated when the Family Assessment of Safety screen was eliminated; it now allows for the printing of the “Presenting Issues” and “Assessment Summary” sections; this screen has a button which will allow workers to go directly to the “Case Connect” screen;
- A button was added to the Assessment Findings screen to allow workers to go directly to SDM;
- The Family Strengths and Needs Assessment Screen was eliminated;
- The text for the pick list values for the case “Goal” was changed;
- The Client Contact Information screen was modified to allow workers to access SDM;
- The Case Plan menu item under the Case Menu was eliminated. In its place are the following menu items: IL, Place Plan, SDM Case, SrvC Plnr/Status. The IL and Place Plan were formerly under the Case Plan Menu.
- The SDM Case item now replaces the former Assess item under the Case Plan Menu.
- The Fam Ctr Plan was eliminated in lieu of SDM forms and the case plan; however, the Case Plan Goals portion of it is still required for case planning and is now entered or revised right when you launch a case plan from the Report Template/Case Plan screen.
- The Family Services Planner tab sheet from the Fam Ctr Plan was modified so that it is now the first tab page on the SrvCPlnr/Status window. The second tab page (Status) displays the status of the services based upon SDM

defined Needs. The “Update” button provides the capability to enter/update the status information. The “Update” screen provides drop-down list selection for the “Service,” “Need,” “Participant,” and “Status” entries. Multiple entries can now be made by clicking the “New” button after each entry, until “OK” is clicked, closing the “Update” window and refreshing the Status screen. A “Copy” feature is available.

- Modifications were made in the code to display messages if the SDM forms have not been completed when appropriate.

Enhancements to Structured Decision Making functionality were added in the February 2002 release that made improvements in the following areas:

- Any active supervisor in NH BRIDGES can approve SDM forms for another supervisor.
- Multiple copies of SDM are not allowed to be open and SDM must be closed prior to exiting NH BRIDGES.
- When the Safety Assessment form is deleted in SDM prior to being approved/disapproved, it is automatically removed from the Supervisor’s Inbox.
- The selection “Return to Removal Household” can be saved when completing the SDM Reunification Review form.
- The tab order (navigation) on the forms was improved.
- Spelling errors on SDM forms have been corrected.

#### **A.4. Case Management Enhancements**

In the April 2001 release, sorting case contacts/chronos by date and time was fixed to sort the hour between 12:00 noon and 12:59 PM correctly. Modifications were made to address the problem of a blank page being printed at the end of the Child's Information Sheet. The system now displays an error if a birth date making the person more than 150 years old is entered. When closing cases as duplicates, there must now be at least one associated case that has NOT been closed as a duplicate. An “Auth Srch” feature

was added to the family service planner screen, which provides the capability to retrieve and display the authorizations for the selected client, and optionally select and copy one, many or all to the service planner screen. In addition, Medicaid edits are no longer used when entering planned services on the service planner. Tabbing on the “Find Resource” screen was modified so that the user tabs from top left to bottom right of the screen. Enhancements were made to the Providers screen such that the “Copy Collateral” button now copies the collateral information for medical providers. Contact logs were modified so they can now be filtered by the staff member who made the contact.

In the December 2001 release, area code on the Court Search Screen was modified such that it is prefilled on the “providers” tab under the medical branch of the workload navigational tree. Also, changes to the agency name field were made so it no longer allows more text to be entered than is displayed. Anyone having a security level of 1 and 2 is now allowed to reopen a closed case using the Court Search process. The tab order was corrected on the Client General Info Screen under Assessment. A Scrollbar was added on the Characteristic Screen Grid. Changes were made to ensure that race information is recorded when the referral is created, workers are prompted to add race information at the following points:

- When the assessment is being closed;
- When adding a service authorization; and
- When adding a client contact or interview.

The Case Type ICPC/ICJ has been separated into two Case Types: ICPC and ICJ, in order to allow separation of Interstate child protection from juvenile justice cases. A scroll bar was added to the “Close Reason” for the face sheet. The suffix “Mountain” on the Address Tab of the Client Information Screen now has the correct spelling. Modifications to the Plc/Srv screen in the Resource area were completed for filtering closed and disapproved auths. Enhancements to the Orders screen in the Court area were completed to ensure that the Hearing Date is the default date for the “Order Date” field and the “Start Date” field.



In the February 2002 release, enhancements were made to SDM so that whenever the permanency plan goal is changed in SDM and it conflicts with the existing goal in NH BRIDGES, NH BRIDGES will be updated with the SDM goal in the Case Permanency Plan screen. Functionality was added so that if a case plan has not been created in NH BRIDGES, when the case plan goals screen is open, it will automatically be populated with the client name and recommended goal from SDM. The user will have to complete and save the case plan in order for NH BRIDGES to be populated. The recommended goals of Return to Non-Removal Household and Return to Removal Home are now both considered Reunification in NH BRIDGES. Likewise, if the recommended permanency plan goal is overridden in SDM, the latest case plan in NH BRIDGES, if any, will be updated with the new goal. A pick list value “Voluntary Services” was added as a new case type on the Case Summary screen, Workload screen, and the Case Connection screen.

#### **A.5. Financial Management Enhancements**

In the April 2001 release, enhancements that were made to Financial Management included changes to the Restitution Payments window that added a prompt to save data before issuing checks. Once a Restitution check is cut for payment is no longer deleted if the cash receipts clear box is deselected. Vendor Claims are now processed electronically. For Employment Related Child Care, the waived information is connected to the Provider through a waived table instead of by the client characteristics. When paying a TANF Child Care Claim, NH BRIDGES checks this new table by client and provider to see if extra hours can be paid on the claim if billed. If child is in Adoption Subsidy/Child in Placement the out of home placement may not be IV-E eligible, whereas the adoption itself may be. A new characteristic, “IV-E Adoption” was created that will allow the adoption to continue to be paid under IV-E, while a subsequent placement is paid as non-IV-E. If you back out the manifest by clicking the back out button under claims payments, a message box displays to let you know the back out is in process. A message box displays to show that the final payment is processing after you click the final payment button of the manifest. A new screen on

claims adjustment was added to allow the user to adjust the \$4.00 per diem for disabled clients. Use of IV-E funds is now excluded when congregate care providers or providers licensed by Child Placing Agencies do not have valid license for entire date span of claim. The NH BRIDGES application was modified to generate a special payment for client birthdays for children in Foster and Specialized Foster Homes. Vendored Daycare claims will no longer get error code 240 if the client is disabled for any part of the claim date. Characteristics on a new client can now be entered. Claims for Employment Related Child Care (Svc 30, 31 and 32) will now always require a provider link in order for them to be paid, the claim will receive a 150 error code if no link found.

In the December 2001 release the Save Button was enabled on the Account Entry Screen. A Created Delete/unpost button was added on the toolbar to delete old rows from the Trev\_receipts\_work table. Changes were made to reflect what Class money was drawn from for 7 Independent Living Services. The last update date was added to the Inquiry Screen. The disabled characteristic was corrected to pay the extra \$4.00 per day on claims for dates of service after 4/22/01 without error rejecting. For a DCYF Provider that has a contract, claims are now being drawing down from the contract total.

Resource Management was modified to ensure that the tab order, and where the cursor starts, are working correctly on the Credential Screen. The 1-800 phone number for the Voice Response System was added to the on-line Remittance Advice and to the Batch Report. The Child Care Licensing Registration number was added to the Resource Screen and the license credential was added and can be selected for Child Care Services.

Following the February 2002 release the W-9 Credential can be selected in the Srv Admin window for Service CP as a required credential, and New Recipients being entered through the Claims Module are now able to be entered correctly without doing any additional steps to get the Recipient Tool Bar enabled.

## **A.6. Intake & Assessment Enhancements**

In the April 2001 release, sorting interviews by date and time was fixed to sort the hour between 12:00 noon and 12:59 PM correctly. The directions information in the “Initial Referral Snapshot” and “Referral Acceptance Snapshot” reports no longer overflow the data window. Only users with a security level 11 can rollback a referral/assessment that has interviews associated with it; users can no longer roll back closed referrals/assessments. “Threatening/Menacing Behavior” was added as a selection from the pick list when recording Abuse/Neglect Information and “Physical Abuse” is the category type.

In the December 2001 release, access to the Medical Information screen was removed from the Referral area and added to the Assessment area. Functionality was added to ensure that Assessments cannot be closed without an individual finding being entered. On referrals that are not accepted for assessment, the “DO REFERRED TO” section of the Assessment Referral Information report was modified to indicate “NOT ACCEPTED.” Changes were made to the Central Registry screens to fix focus problems and to allow Central Registry workers greater flexibility. Workers are not allowed to close an assessment with “Founded” allegations if due process information has not been completed. A new finding of “Founded, Court Overturned” is now available for individual findings. Workers are now allowed to have an overall finding of “Unfounded, Court Overturned” with individual findings of “Founded.” The Assessment Referral Information report now displays the apartment/unit and the household finding directions.

In the February 2002 release, for referrals that were accepted before December 17, 2001, SDM forms no longer are required before closing the Assessment. When the Office of Assessment is Special Investigations, SDM forms are not required. The field length for Details/Other Assessment Factors on the Assessment Closure screen was expanded to

4000 characters that can be viewed when the user uses the scroll bar. When viewing the information using the Zoom Box, 2000 characters are displayed.

#### **A.7. Claims, Case Management, Intake & Assessment**

In the April 2001 release, the Service Auth screen was changed to require users to provide the Actual Foster Home when a Child Placing Agency has been selected as the Provider.

In the December 2001 release, The “Diversion Activity” was added to the purpose area of the pick list. The last update date was added to the Inquiry Screen and the last update date and ID were added to the Details Print out from the Inquiry Screen. A DLL was updated to fix a scroll bar problem when viewing an Ancillary Service Auth. The user no longer receives an error message “Record With The Same Key Exists Can't Save Changes” when a gross level adjustment is performed. A button was added to the claims module so that the Bureau of Data Management (BDM) can click this button and generate Holiday Payments to Foster Homes. The Data Base Administrator (DBA) will no longer have to run this procedure. A new History Screen was added to display a history of changes to client characteristics. Any change to certain characteristics (adds, change or delete) will cause a line to be written to the new history table to display the characteristic before the change. A new button was added to the characteristic screen to show the daycare response sent to NH BRIDGES by New Heights, the eligibility system. When the user clicks on the Social Service Status Code in the characteristic screen, a new button CC Response will become activated which will show the activity that was sent over from New Heights, either Employment, Job Search or Training. If claims processing gets interrupted, a new button was added so that the Bureau of Data Management (BDM) can continue processing. Changes were made to Foster Care and Specialized Foster Care Payments so they will be generated automatically twice a month based on the placement authorization. Modifications were made to eliminate getting an error message when trying to put up a Child Care Authorization if a client is over 13 years old. The credential "Permit Group Home" selection was added for placement

provider. Birthday Present was removed from appearing in the Pick list in Claims Search Screen. Rates are no longer hard coded in NH BRIDGES for Medical Transportation if foster parent or provider has wheelchair credentials. The rates are now selected from the Special Rate Table so they can be changed at anytime.

#### **A.8. All Areas Enhancements**

In the December 2001 release, functionality was added to prevent duplicate clients from being entered into the system. An automatic "Client Search" feature was implemented wherever a new client can be entered: Referral/Demo, Assessment/Client, Case/Client, Case/Court/Face sheet, and Claims/Recipient. Search results are now presented in the following criteria order:

- 1) By SSN;
- 2) By Medicaid ID;
- 3) By Client First and Last Name (with Soundex); and
- 4) By Client Last Name (with Soundex).

#### **A.9. Referral Log Enhancements**

In the February 2002 release, changes were made so that Priority Risk Levels 2 and 3 now display correctly on the Referral Log.

#### **A.10. Mobile NH BRIDGES**

Further research into hand held, portable devices for workers has resulted in the conclusion that improvements to usability of the NH BRIDGES application must be addressed prior to adding functionality to provide users with mobile capabilities. Access to NH BRIDGES via wireless connection, and other portable devices, will be further considered following the completion of usability enhancements scheduled to be completed between October 2002 and October 2004.

### **A.11. Interfaces**

Title IV -D information is sent to NH BRIDGES via the automated NECSES interface that was completed in February 2001 and is in production. The interface from NECSES to NH BRIDGES has not been completed.

We do not anticipate the creation of an interface from NH BRIDGES to New Heights during the upcoming reporting period. Likewise, we do not anticipate development of a court interface during the upcoming reporting period. Both initiatives involve policy and technical challenges that must be addressed prior to the start of any development.

### **A.12. Management Reporting**

Sixteen (16) Management Report requirement and design specifications were completed in Spring 2002. A Business Intelligence tool is scheduled to be implemented into the DHHS Data Warehouse during the July to September 2002 timeframe. NH BRIDGES production data is transferred to the Data Warehouse daily. Development of Management Reports is scheduled to begin in the Fall of 2002.

### **A.13. Data Quality Initiative**

Data Quality Initiative tasks continue. We continue to review and correct data problems.

## **VIII. MULTI-ETHNIC PLACEMENT ACT**

The 2000 US Census Report indicates the race and ethnicity in the profile of general demographic characteristics for New Hampshire. Of the total population of 1,235,786 individuals,

- 96% indicate their race as white,
- Asian is 1.3%,
- Black or African American is 0.7%,
- Other race 0.6% .
- Hispanic ethnicity; 1.7%

Efforts to recruit and retain families who are able to serve a diverse foster care population are carried out through local needs assessment annual recruitment and retention plans completed by the foster care licensing workers in each District Office. Children referred for foster home placement in the previous year, and their individual safety, well-being and permanency issues are considered in the development of new recruitment goals and objectives. Targeted recruitment is designed to attract the families who can best serve these children. Placement of children is not delayed by a search for same race or ethnic placement.

In 2000 DCYF established a goal of increasing the number and diversity of available adoptive families to respond to the increased number of children with special needs needing adoptive families. In 2000 DCYF implemented a comprehensive, on-going recruitment plan. Since that time DCYF has increased awareness of DCYF adoption services by implementing a broad recruitment strategy including posters, an adoption brochure, ongoing media coverage, and adding increased adoption information on the NH DHHS website. DCYF has worked collaboratively with other organizations, including Casey Family Services, Open Door Society, the National Council of Adoptable

Children, Massachusetts Adoption Resource Exchange, Wendy's, the U.S. Postal Service, the New Hampshire Office of the Governor to implement a variety of adoption awareness and recruitment activities in an attempt to recruit a diverse group of potential adoptive families.

## **IX. CROSS-JURISDICTIONAL RESOURCES**

NH DCYF operates as a single statewide agency and therefore there are no jurisdictional issues among the ten counties of the state. In the vast majority of cases involving adoption, DCYF is able to find suitable adoptive families within the state through special, targeted recruitment efforts. Cases where there are no appropriate, available placements within New Hampshire are dealt with on a case-by-case basis. Anecdotal information indicates these circumstances impact only about one child per year. When suitable placements do not exist within the state, the DCYF Adoption Unit communicates with, and conducts outreach to surrounding states, and also files a child profile with the regional and national Adoption Resource Exchanges to facilitate a timely, permanent placement. This practice is evidenced in the DCYF policy entitled "The Adoptive Home Recruitment Protocol" which states the following:

"Efforts to enhance recruitment of adoptive families for children with special needs and disabilities will be facilitated through:

- Registration of the child profile with local, regional, and national adoption agencies; and

Registration of the child profile with regional and national Adoption Resource Exchanges. The exchanges are designed to find families for children with special needs and disabilities. Photo listings of children are available for prospective adoptive families to consider."



In 2000 DCYF issued a Request for Proposals to allow the Adoption Unit to contract for the provision of home studies in mandated Interstate Compact cases, ensuring that there is no delay in these cross-jurisdictional cases. Two providers were selected and contracts began in September 2000. This contract will continue through 2002 to assure the timely processing of Interstate home studies.

In 2000 DCYF implemented an adoption recruitment plan which included the use of cross-jurisdictional resources. Since that time DCYF had developed content regarding adoption for the NH DHHS website that will be operational in July 2002. Adoption information on the website will provide more information for in-state and out of state families to learn about adoption in New Hampshire. DCYF will be a participant in the new AdoptUSKids.org website coordinated by the ACF Children's Bureau to recruit for families for waiting children. DCYF also uses adoption exchanges to seek families for children including the Massachusetts Adoption Resource Exchange, and the Northern New England Adoption Resource Exchange. DCYF has also worked with Downside to seek cross-jurisdictional placements for children who need therapeutic adoptive homes.

DCYF began contracting with private home study providers for the provision of home studies in mandated Interstate Compact cases in 2000, ensuring that there is no delay in these cross-jurisdictional cases. Contracts will be renewed in 2003 to continue the timely processing of interstate home studies.

## **X. INDIAN CHILD WELFARE ACT**

Native Americans comprise only .2 percent of New Hampshire residents, (1990 census). Although there have been several attempts by various tribes to become recognized, New Hampshire does not have a federally recognized Native American/Indian tribe residing within the state.

Training on the Indian Child Welfare Act (ICWA) was held for adoption and foster care staffs as well as DCYF Supervisors in June of last year. Two additional trainings were scheduled to occur throughout the year but were subsequently cancelled due to the low number of people who registered. Recently however, the DCYF Staff Development Unit has received an increase in the number of requests for training regarding the Act, and a half-day training was scheduled for the fall/spring of 2001/2002. Additionally, as a result of the information received during an ACF sponsored ICWA training in December of 1998, a member of the DCYF Staff Development Unit has continued to train other DCYF staff throughout the state on the ICWA requirements. The Staff Development Unit held training on ICWA MEPA in June 2002 with, 18 staff who represented adoption, foster care, assessment and legal roles within DCYF. ICWA requirements are consistently reviewed in the Division's New Worker Core Training.

## **XI. CHILD WELFARE DEMONSTRATION PROJECT**

The Title IV-E Child Welfare Demonstration Project approved for New Hampshire involves contracting with a licensed alcohol and drug abuse counselor, also certified in family therapy. This consultant/therapist is to be stationed in identified field offices and will work with the child protection service workers on a consultant basis, providing training, information and recommendations regarding treatment. Also, the consultant would be involved at the onset of risk and safety assessments so that better decisions can be made regarding child safety and possible child placement at the time of assessment of abuse/neglect referrals. The proposal for this project was approved in September 1998 and terms and conditions were signed during the spring of 1999.

The original plan stated that New Hampshire anticipated that 240 families in each office would participate in the study over the life of the demonstration (120 control and 120 experimental). In April 2001 approval was obtained to increase the number of identified project participants in the Nashua District office to 200 families. This request was made based on the belief that adding more referrals would increase the likelihood that we will be able to detect the consultant involvement effects and reduce the likelihood of a Type II error (there is an effect, but we miss it)

**Completed Activities:**

The project was implemented in the Nashua NH District Office on November 15, 1999. A licensed Alcohol & Drug Abuse Counselor, also licensed as a mental health counselor, was hired as the project consultant for that office.

In February 2000 the Division for Children, Youth and Families began the recruitment process for the second licensed alcohol and drug counselor to be stationed in the Manchester NH District Office. Letters of notice for the availability of this contracted position with DCYF as part of a Title IVE Child Welfare Demonstration Project were sent to all NH licensed alcohol and drug counselors. Responses were received through April 2000. Interviews were conducted and a candidate was selected in June. Due to a change in the DYCF manager for this project and the need to meet required time frames for submission of the proposed contract to Governor and Council, the proposal was not submitted to G&C until August. Final approval of the contract was granted on September 6, 2000. A licensed alcohol and drug abuse counselor with over 20 years of experience in the field as a clinician and a trainer was hired for the Manchester Office.

During September the Manchester consultant/ therapist attended three days of pre-service training and participated in additional trainings to acquaint them with policies, laws and practices concerning child abuse/neglect referrals in New Hampshire. The consultant/therapist was provided the opportunity to confer with the Nashua consultant regarding project implementation at that field site to assist in better understanding of the process in the district office.

Implementation of the project in the Manchester NH District Office included in-service training for the child protection staff and the opportunity for the consultant/therapist to “shadow” the child protection worker assigned to the enhanced service group. The project was implemented in the Manchester district office on November 1, 2000.

#### **A. Services Provided**

The following services, as stated in their contracts, are to be provided by the consultants in each district office:

- Provide intensive substance abuse services for child abuse and/or neglect cases that are referred because substance abuse by an adult caretaker is a major factor in the child maltreatment including outreach, case tracking and monitoring of compliance and progress
- Conduct substance abuse screenings and evaluations with the adult caretakers to determine extent to which substance abuse is impacting on parental capacity to provide adequate care and supervision of the child/children. Further, to provide recommendations to DCYF regarding safety plans and current/future treatment needs based on the outcome of the screenings/evaluations.
- Manage substance abuse issues in referred cases, including securing treatment services for family members.
- Manage substance abuse treatment services for families when children are in placement including community outreach to link children (of

- appropriate age) of substance abusing adults with self-help and support groups.
- Provide direct counseling for referred family members at field sites, including in family homes.
  - Provide services consistent with a research design facility, which includes work with control / experiment groups.
  - Advocate for expansion of community outpatient and inpatient services for the treatment of individuals who are chemically dependent and/or chemically abusive.
  - Assist child protection staff in preparing case plans delineating a substance abuse prevention plan for parents in those cases requiring ongoing services, in order to address substance abuse and its contribution to the substantiated child abuse or neglect issues.
  - Collaborate with the child protection staff regarding ongoing casework services to families assigned to the experimental group.
  - Collaborate with state and county departments of correction, as applicable, when parents are incarcerated, or are being supervised in the community on probation or parole.
  - Participate in child protection staff trainings and clinical training directly related to fulfilling responsibilities of this contract. Hours spent in training are included under the billable hours of this contract.
  - Provide training concerning substance abuse interventions to child protection field staff.
  - Review study enrollment on a monthly basis with the DCYF project manager and the independent Contractor providing evaluation of the child welfare demonstration project.
  - Document action taken regarding family contact through the use of use of client activity forms, treatment notes and clinical reports, as appropriate, for each client and/or family assigned.

By May 22, 2002, a total of 449 families were involved as eligible participants in the IV-E Project. No additional families will be added to the study from this point forward until the project's expected conclusion in 2004. 227 families are receiving enhanced services that include direct assessment, referral, and counseling services by Licensed Alcohol & Drug Abuse counselors, who are also certified counselors. Services provided by the counselors include community advocacy for barrier resolution to treatment for people involved with substance abuse. For the second year, a young parents' group will be provided for two months in the Manchester area.

Counselor services also include consultation and collaborative work to serve client needs. The counselors are regular participants in child protection supervision and offer direction on how to better respond to the underlying issues of substance abuse and addiction when formulation child protection safety plans, and Family Service Case Plans.

In the Manchester district Office, which has had the most consistent experience with a counselor since the project began, we are beginning to notice lower recidivism in terms of subsequent reports of suspected child abuse/neglect for the families in the enhanced service group. There is also a higher ratio of founded cases resulting in services to families in this group.

	<b>Manchester (n=219)</b>	<b>Nashua (229)</b>
Enhanced Group Mean number of subsequents	.35	.48
Standard Group Mean number of subsequents	.43	.59

	Enhanced (n=101)	Standard (n=106)
Founded Problem Resolved	1.0%	4.7%
Unfounded Closed	83.2%	85.8%
Founded New Case (Ct.)	9.9%	6.6%
B-Case Founded w/ Services	5.0%	1.9%
Unfounded, Voluntary case opened	1.0%	-.-

A preliminary finding, again involving Manchester, is showing that those children who have gone into placement after being referred through the project group are in care longer. Future reports may indicate whether or not the outcomes of these placements result in more permanent family situations for these children, as compared to children receiving standard services.

## **XII. ADOPTION INCENTIVE PAYMENT**

In 2001, DCYF received an increase of \$33,662 over those received during 2000, resulting in a total of \$42,662 in Adoption Incentive Payments. The funds have been allocated for a part time post adoption search worker to focus on adoption searches and to free up the time of Adoption CPSW's to focus on their adoption placement caseloads. The funds have also been used for a part time position for a CPSW to focus on foster home adoptions. These adoptions are ones where a foster parent or parents will adopt the child and there are no issues to be resolved. This part time worker focuses on completing the adoption home study and submitting the adoption to the Court so these adoptions can be completed as

soon as possible. This initiative proved to be very successful in moving adoptions to finalization in a timely way so that another part-time position was added in 2002 to focus on foster home adoptions.

Additionally funds have been used to create an adoption resource library to provide adoption staff with up to date literature on adoption practices and newly emerging adoption issues. A minor contract was also executed for a subsidy consultant to assist in the review of DCYF's use of adoption subsidy and Medicaid programs, and assisting the Division to use those programs more efficiently to provide post adoption services to families. Another minor contract was also executed for an adoption policy consultant to update DCYF policy to reflect new adoption and permanency legislation and rule changes.

In 2002 Adoption Incentive payments will be used to continue the above efforts. The DCYF Clinical Administrator position was created and filled in April, 2002. The Clinical Administrator will work with the Adoption Unit to develop a plan to address the mental health needs of children who are moving toward adoption and to try to seek resources for wraparound services for children for children moving from residential and therapeutic care into adoption.

### **XIII. CAPACITY TO MEET TPR PROVISION**

Since the passage of the Adoption And Safe Families Act of 1997, the Division has implemented the provisions of the law under the "Transition Rules" that were designed to insure permanency for children already in foster care and to ensure permanency for "new" children who met the criteria of being in foster care 15 of the prior 22 months. NH Laws were amended on June 17, 1999 to



require a TPR be filed when parents fail to correct conditions within 12 months of the Court's abuse or neglect finding. This law also requires a TPR be filed sooner (or cite a compelling reason) then required by ASFA whenever a child is in foster care for 12 of the prior 22 months.

In September 2000, The Court Improvement Protocols were officially released that defined in detail the responsibilities of the Family and District Courts as well as the Division to more effectively process child abuse and neglect cases. The Protocols were designed to specifically support the timely achievement of permanency for children.

The Division continues to work to further achieve ASFA goals by tracking TPRs, holding adoption case reviews, working with Probate and District (and Family) Court Judges and developing model projects such as Permanency Plus. The Division began a TPR tracking system in 1998 to determine if TPRs are being processed in a timely manner. Data from this tracking system is used to identify the time it takes to process the TPR. Delays can be identified and studied for possible changes. The Division also uses a review system when a TPR is filed to identify problems and avoid delays. The Adoption Unit Supervisor or designee meets with the District Office Supervisor and/or Caseworker to verify any outstanding requirements e.g. compliance with the Indian Child Welfare Act have been identified and resolved. If an adoptive home is needed, the Adoption Unit can begin to identify possible adoptive parents immediately and not wait for the TPR to be granted. Regular meetings with Probate and District (and Family) Court Judges have identified problems and strategies for resolving them. Permanency Plus continues to be a model project that is being studied for possible expansion to other Offices.

In the future, the Division expects the Court Improvement Protocols to be revised if needed to improve the processing of Abuse and Neglect cases. A report is due out shortly that should identify what is working well and what might be areas for improvement.



## **XIV. Budget**

**State Of New Hampshire  
Budget For FFY 2002  
Promoting Safe and Stable Families Grant**

CLASS	FEDERAL	MATCH	TOTAL
AUDIT	536	XXXXXX	536
CONTRACTS	462,961	171,986	634,947
CURRENT EXPENSES	10,000	XXXXXX	10,000
IN-STATE TRAVEL	4,000	XXXXXX	4,000
PERSONNEL	53,000	\$7,513	65,000
OUT-STATE TRAVEL	8,000	XXXXXX	8,000
TOTAL	\$538,497	179,499	717,996

**State Of New Hampshire  
Budget For FFY 2002  
Promoting Safe and Stable Families Grant**

**Audit Funds:**

These are expenses that are set aside to cover the cost of all federal grants calculated at .001% of the total grant.

**Contracts:**

These funds will be used to contract for the services of a statewide consultant and six local Family Empowerment Coordinators to carry out the Family Empowerment Project. Monies will also be used to fund family support programs at family resource centers as well as a time-limited family reunification pilot project and several adoption promotion and support activities.

**Current Expenses:**

These expenses are set aside for consumable supplies, printing of brochures such as the Family's Rights Brochure, and other support connected with the implementation of this plan.

**In-State Travel:**

Expenses related to staff and Advisory Board members travel in state to conduct activities connected with the implementation of this plan.

**Personnel:**

These funds support the position of a Program Specialist IV, with yearly increment and pay raise, to: work in concert with the statewide consultant, the Family Empowerment Council, and the Empowerment Coordinators in assisting families; facilitate the collaborative efforts between families, communities, service providers, and DCYF; and work with local groups and coalitions in local planning and program development in the areas of family preservation, family support, time-limited family reunification, and adoption promotion and support.

**Out-of-State Travel:**

These funds will be used for staff travel to regional and national meeting concerning the implementation of this plan.

## **XV. Intercountry Adoption Act**

The State of New Hampshire has twelve licensed adoption agencies available to families.

All adoption agencies must be licensed by the State of NH, DCYF as a child placing agency. This allows the agency to conduct home studies, make placements of children, supervise the placements and file adoption petitions in the court of jurisdiction. RSA 170-E:27 states that “ No person may establish, maintain, operate or conduct any agency for child care or for child-placing without a license or permit issued by the department...”. RSA 170-E:30 allows the Division for Children, Youth and Families to examine the facility or agency, and investigate the program and person or persons responsible for the care of children. The institution or child-placing agency must obtain and provide receipts of approval of state and local requirements pertaining to health, safety and zoning. In addition, per RSA 170-E:29 DCYF conducts criminal records and central registry checks on staff employed by the agency.

In New Hampshire the child placing agencies meet every two months. They discuss current issues and concerns in the practice of adoption. The agencies have collaborated on standards for the placement of children in adoptive homes. These standards are based on New Hampshire law, agency policy and good practice. The standards are currently being reviewed and will be adopted as rules.

New Hampshire statute addresses specific adoption requirements for foreign adoptions. If the child is adopted from another country the adoption petition must include documentation indicating compliance with RSA 170-B:23. “Any

person or any public or private agency, corporation, or organization, before bringing or causing any child to be brought into this state from any other state or country for the purpose of adoption, or receiving such child in this state for such purpose, shall make application to the commissioner of the department of the health and human services. Such application shall be in the form prescribed by the commissioner and shall contain such information as the commissioner may require, including any information required to comply with the provisions of RSA 170-A. No placement of the child shall occur until permission has been obtained from the commissioner. No petition for adoption of a child from another state or country shall be granted in the absence of compliance with this section.” This responsibility has been delegated to the Administrator for the Interstate Compact on the Placement of Children and the Adoption Unit within DCYF.

In addition, New Hampshire statute also addresses the legality of foreign adoptions. RSA 170-B:24 states “A decree of court terminating the relationship of parent and child or establishing the relation by adoption issued pursuant to due process of law by a court of any other jurisdiction within or without the United States shall be recognized in this state and the rights and obligations of the parties as to matters within the jurisdiction of this state shall be determined as though the decree was issued by a court of this state.”

A. Description of activities the state has undertaken for children adopted from other countries, including the provision of adoption and post adoption services.

New Hampshire does not single out international adoptions for unique services but provides a wide array of programs to assist those families who have added to their families through adoption.

The range of adoption services provided by all the licensed adoption agencies within New Hampshire includes,

- Informational meetings
- Training classes
- Matching
- Placement services
- Post Placement supervision of the placement
- Court work
- Pre finalization support groups

Post adoption services provided by DCYF –Adoption Unit,

- Post Adoption resource list
- Subsidy
- Non-recurring adoption expenses
- Referral to Casey Family Services – Post Adoption Services Program
- Referral to Open Door Society of New Hampshire
- Medicaid
- Intake and Referral for all adoptions
- Direct services for post adoptions for DCYF families
- Case management for post adoptions for DCYF Families
- Post adoption support groups
- Search activities
- Referral to and use of community resources

Post adoption services provided by the other licensed adoption agencies,

- Private adoption agencies will conduct search activities on their

own adoptions

- Use of local community services such as behavioral health, DHHS, Medicaid, local education departments
- The private agencies provide information and referral to local community resources
- Referral to Casey Family Services – Post Adoption Program
- CFS and Vermont Children’s Aid Society will provide counseling services via another branch of their agency
- Bethany Christian Services will supervise up to three years after placement as requested by the country of the child’s origin

Casey Family Services is a non-profit organization that provides a broad range of programs to meet the needs of children and families. The post adoptive services program is available to any family that has adopted domestically or internationally from age birth to eighteen. In addition, Casey will provide consultation, training, and workshops for schools, mental health providers, and other community organizations. The array of services that can be provided includes,

- A family assessment with adoption related recommendations
- Individual counseling
- Family counseling
- Parent support
- Parent education
- Support groups for children and parents
- Community education and consultation
- Education advocacy
- Life book work



- Referrals for supportive services
- Summer day activities
- Social events

Wide Horizon's, an adoption agency within New Hampshire that specializes in international adoption, offers through their main office in Massachusetts a variety of cultural events throughout the year. These events include cultural activities specific to China, Eastern Europe, Latin America, and Korea. In NH they also provide two other opportunities that support adoption, the Lantern Festival to honor adoption and NH Family Day. Currently these opportunities are only open to adoptive families that received services from Wide Horizon's.

The Open Door Society of New Hampshire is a statewide, non-profit adoption information and support group established in 1980. ODS of New Hampshire is a resource for information and support for people in all phases of the adoption process, both domestic and international. Events sponsored include,

- Annual fall adoption conference
- Informal adult get-togethers
- Education/adoption topic meetings

Family activities sponsored by ODS of NH includes;

- Sleigh rides
- Pool/pizza party
- Annual summer picnic
- Nature hikes
- Apple picking
- Annual holiday party

Other services provided by ODS of NH;

- Quarterly newsletter
- Lending library
- Adoption resources
- NH agency and attorney listings
- NH adoption information hand book
- One to one networking and support

B. The state shall collect and report information on children who are adopted from other countries and who enter state custody as a result of the disruption of a placement for adoption, including the number of children, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption.

Anecdotal reports indicate that there are about 12 children, who during the past twelve months have entered DCYF care after their adoption. The countries of origin included the Philippines & Russia. In all of these cases one common reason for the placement involved special needs of the children. One case also involved physical abuse of one child.

C. The state shall collect and report information on children who are adopted from other countries and who enter state custody as a result of the dissolution of an adoption, including the number of children, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the dissolution.

#### **D. Data Collection**

There was a change request entered into in NH BRIDGES during July, 2001, for

the purpose of developing a report on children who are adopted from other countries and who enter state custody as a result of the disruption of a placement for adoption these issues. That is still in progress, and no report is presently available through our data system. The report request is now being made a priority for the BRIDGES staff.

## XVI. Training Budget

### State Of New Hampshire DCYF Training Budget FY 2002

CLASS	EXPENDITURES
Personnel	138,340
Current Expenses	17,325
Audit	1,862
Travel	5,843
Contracts	1,995,866
TOTAL	2,159,236

**State Of New Hampshire  
DCYF Training Budget  
FY 2003**

CLASS	EXPENDITURES
Personnel	<b>144,744.30</b>
Current Expenses	<b>17,325</b>
Audit	<b>1,900</b>
Travel	<b>5,843</b>
Contracts	<b>2,031,187</b>
TOTAL	<b>2,200,999.30</b>

## **XVIII. Maintenance of Effort**

The Division for Children, Youth, and Families will comply with the maintenance of effort requirement for the Promoting Safe and Stable Families grant. The state guarantees that beginning with fiscal year 2001, it will invest at a minimum, the level of monies spent during State fiscal year 1992 in the areas of family support, family preservation, time-limited family reunification, and adoption promotion and support services. During FY 1992, New Hampshire spent a total of \$4,706,414 in State and local funds on those four services.

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